

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0010553

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

MAILED 22 65

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ClintonLength of stay in 1b
12 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Wetzel HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Polk

c. CITY
OR
TOWN DunneganInside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Sarah Leona Baker

4. DATE OF DEATH

Month

Day

Year

March 10, 1965

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-7-1889

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

Homemaking

11. BIRTHPLACE (City and state or country)

Fair Play, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

David Rice Brewer

13b. MOTHER'S MAIDEN NAME

Elizabeth Potts

14. NAME OF HUSBAND OR WIFE

Elza Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Athel Baker

Address

Dunnegan, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN
ONSET AND DEATH
minutes

DUE TO (b)

Congestive Heart Failure

hours

DUE TO (c)

Coronary artery Disease

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerosis & Hypertension

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

3/1/65

to 3/10/65

and last saw her him alive on 2/10/65

Death occurred at

11:45

p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-14-65

23c. NAME OF CEMETERY OR CREMATORY

Lindley Prairie Cemetery

23d. LOCATION (City, town, or county)

Cedar County, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Larry R. Tillery Humansville, Mo.

25. DATE RECD. BY LOCAL REG.

Mar. 15-65

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

030000

03-150-1748

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Larry R. Tillery
Licensed Embalmer No. 5166

P. O. Address Box 181

Humansville, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.

0-embal-attendant 5-15-05 (MST)