

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66 0023674

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 175

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Windsor		c. CITY OR TOWN Green Ridge	
Length of stay in 1b 1 month		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital		d. STREET ADDRESS (If outside, give location) Green Ridge	
3. NAME OF DECEASED (Type or print) First Arthur Middle Nicholas Last BAKER		4. DATE OF DEATH Month June Day 12 Year 1966	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb. 26 1877
9. AGE (last birthday) 89		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Lumber Dealer		10b. KIND OF BUSINESS OR INDUSTRY Lumber Yard	
11. BIRTHPLACE (City and state or country) Green Ridge, Mo.		12. CITIZEN OF WHAT COUNTRY U S	
13a. FATHER'S NAME William Baker		13b. MOTHER'S MAIDEN NAME Mary Burkhardt	
14. NAME OF HUSBAND OR WIFE Mrs. Nadine Baker		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 495-36-6480		17. INFORMANT Mrs. Lorene Miller Green Ridge, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-Respiratory Collapse - Extensive metastasis DUE TO Carcinoma of Prostate		INTERVAL BETWEEN ONSET AND DEATH 6 hrs. 6 mos. 6 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute Hypotension		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 11:40 a.m. p.m. Month, Day, Year 3-10-68	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Green Ridge, Mo.	
20g. COUNTY Green Ridge, Mo.		20h. STATE Mo.	
21. I attended the deceased from 3-10-68 to 6-12-66 and last saw him alive on 6-12-66 Death occurred at 11:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carole M. Thurber, M.D.		22b. ADDRESS Windsor, Mo.	
22c. DATE SIGNED 6-13-66		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 15, 1966	23c. NAME OF CEMETERY OR CREMATORY Green Ridge	
23d. LOCATION (City, town, or county) Green Ridge, Mo.		23e. (State)	
24. FUNERAL DIRECTOR Glen E. Heck Funeral Home Green Ridge Mo.		25. DATE RECD. BY LOCAL REG. June 18, 1966	
26. REGISTRAR'S SIGNATURE Mildred Bigum		26. (State)	

(Licensed Embalmer's Statement on Reverse Side)

SEP 27 1966

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

Glen E. Heck

Licensed Embalmer No. 4063
P. O. Address Green Ridge, Mo

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.