

FILED MAY 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16414

BIRTH NO.		REG. DIST. NO. 126		PRIMARY REG. DIST. NO. 2000		Registrar's No. 454	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 7 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caplinger Mills 0200			
d. FULL NAME OF HOSPITAL (If not in hospital or institution, give place of death) OR INSTITUTION ARK OSTEOPATHIC HOSPITAL				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) Absolom c. (Last) BAKER			4. DATE OF DEATH (Month) (Day) (Year) 5-12-50				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug. 8, 1874		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 9 Days 4	IF UNDER 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocer		10b. KIND OF BUSINESS OR INDUSTRY Grocery		11. BIRTHPLACE (State or foreign country) Cedar County, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Jacob Baker		13b. MOTHER'S MAIDEN NAME Elizabeth Cacy		14. NAME OF HUSBAND OR WIFE Myrtle Baker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Myrtle Baker, Caplinger Mills, Mo. ADDRESS Caplinger Mills, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis with Myocardial infarction DUE TO (c) Atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVALS BETWEEN ONSET AND DEATH 4201
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-5 , 19 50 , to 5-12 , 19 50 , that I last saw the deceased alive on 5-12 , 19 50 , and that death occurred at 7:15 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Deland E. Wetherill, M.D.				23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 5/12/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-15-1950	24c. NAME OF CEMETERY OR CREMATORY Alder Cemetery		24d. LOCATION (City, town, or county) (State) Cedar County, Mo.		
DATE REC'D BY LOCAL REG. 5-15-50		REGISTRAR'S SIGNATURE W. E. Handley, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE John A. Cantlow, Station, Mo. ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed

John A. Cantlan

Licensed Embalmer No.

4387

P. O. Address

Stocketon, 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 this body is not embalmed, fact should be so stated above.