

FILED MAY 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16565

State File No. ....

BIRTH NO. .... REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4216 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Calhoun</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Calhoun</u> <u>0420</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>J. Highway</u>		d. STREET ADDRESS (If rural, give location) <u>J. Highway</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Kenneth</u> c. (Last) <u>Baker.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 23 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 3 1977</u>
9. AGE (In years last birthday) <u>72</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>
11. BIRTHPLACE (State or foreign country) <u>Leesville, Henry County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Ann Hay</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. G. Provizer</u> ADDRESS <u>Calhoun Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?			
I hereby certify that I attended the deceased from <u>May 23, 1950</u> , to <u>May 23, 1950</u> , that I last saw the deceased alive on <u>May 23, 1950</u> , and that death occurred at <u>12:20 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Leesville Mo</u>	
23c. DATE SIGNED <u>5-23-50</u>			
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Funeral</u>		24b. DATE <u>May 24, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lebo Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Leesville Mo</u>	
DATE REC'D BY LOCAL REG. <u>May-24-50</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u> ADDRESS <u>422 S. A. Housey Calhoun Mo</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Calhoun Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0420

JUL - 7 1950

RECEIVED 5-29-50  
District Health Officer No. 71  
District File Number 4-50-558  
Date Filed 5-29-50

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 myself

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

J. A. Houser

Licensed Embalmer No. 3502

P. O. Address Calhoun Iowa

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.