MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0000725
STATE FILE NUMBER

Registration District No. 61 Primary Registration District No. 4407 Registrar's No. 18

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

FILED FEB 10 1966

1. PLACE OF DEATH
a. COUNTY Cedar
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN El Dorado Springs
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION El Dorado Nursing Home
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Cedar
c. CITY OR TOWN Stockton
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 808 South St.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MARY Middle MYRTLE Last BAKER

4. DATE OF DEATH Month Day Year Feb. 5, 1966

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 2-26-83
9. AGE (last birthday) 82
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 Own Home
11. BIRTHPLACE (City and state or country) Carthage, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME George Guinn
13b. MOTHER'S MAIDEN NAME Louisa Jane Whitehead
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 486-40-9708
17. INFORMANT Address Roy Guinn, Stockton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PNEUMONITIS
INTERVAL BETWEEN ONSET AND DEATH 36 HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) UNKNOWN ORGANISM –

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) RECT. CVA. ASHD. CHF A.F. IB –

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. 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 1/17/66 to 2/5/66 and last saw her/him alive on 2/4/66
Death occurred at 7:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Worley A. Stewart, M.D.
22b. ADDRESS 808 S. Main El Dorado Springs, Mo.
22c. DATE SIGNED 2/5/66

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-7-66
23c. NAME OF CEMETERY OR CREMATORY Alder Cemetery
23d. LOCATION (City, town, or county) (State) Cedar County, Mo.

24. FUNERAL DIRECTOR ADDRESS Cantlon, Stockton, Mo.
25. DATE RECD. BY LOCAL REG. 2/7/1966
26. REGISTRAR'S SIGNATURE John C. Bullock, Clerk

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0201		
2	0200		
3			
4	1		
5	2		
6			
7	0		
8	2		
9	92X		
10			
11			
12	86-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

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 John C. Carlton

Licensed Embalmer No. 4387

P. O. Address Stockton, 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.