

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0010560

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 76

FILED MAR 21 1966

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Henry		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		a. STATE Mo.		b. COUNTY Henry	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital		Length of stay in lb 3 1/2 days		c. CITY OR TOWN Windsor		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 615 S. Main St.		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Stanley		Middle Craig		Last Baker		Month March Day 17 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 12-4-1902	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rt. Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Johnson co., Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Frank Baker		13b. MOTHER'S MAIDEN NAME Lola Craig		14. NAME OF HUSBAND OR WIFE Hallie Heitnecker			
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. 495-01-0427		17. INFORMANT Address Flossie Campbell Chilhowee, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Myocardial failure						12 hrs -	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Bilateral Pneumonia	
						3 days -	
DUE TO (c) Chronic Myocardial Infarction						4 yrs -	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)						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 10:50 P. M. Month, Day, Year					
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		COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 10:50 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>[Signature]</i>				22b. ADDRESS Windsor Mo		22c. DATE SIGNED 3-18-66	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-19-1966		23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery		23d. LOCATION (City, town, or county) (State) Windsor, Mo.	
24. FUNERAL DIRECTOR ADDRESS Clifford Gouge Windsor, Mo.				25. DATE RECD. BY LOCAL REG. 3-19-66		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

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 Clifford George

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.