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FILED

CERTIFICATE OF DEATH

MAY 3 1972 209

DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/70

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 136

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. AARON		BAKER			2. Male	3. March 22, 1972	
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		5a. 101	5b. MOS. DAYS	5c. HOURS MIN.	6. June 2, 1870		7a. Marion
5. 1850		CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Hannibal		7c. Yes		7d. Ellis Nursing Home, Hannibal, Mo.			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri		9. U.S.A.		10. Widowed		11.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 496-07-6407A		13a. Farmer-Retired		13b.			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a. Missouri		14b. Marion	14c. Hannibal		14d. Yes	14e. 914 Hill St.,	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. William Baker					16. Pulliam, Mary Jane Baker		
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
17a. Ellis Nursing Home,		17b. 914 Hill St., Hannibal, Mo. 63401					
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
21a. IMMEDIATE CAUSE						21b.	
(a) Terminal Pneumonia						3 days	
DUE TO, OR AS A CONSEQUENCE OF:							
(b) Embolus both feet						10 days.	
DUE TO, OR AS A CONSEQUENCE OF:							
(c) Arteriosclerosis Gen.						10 year	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)				IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20b.		20c.		M. 20d.			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
20e.		20f.		20g.		20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR
21a. I ATTENDED THE DECEASED FROM June 1950 TO Mar 22 1972							
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
22a.		22b.		22c.		22d.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. Glenn R. Miller, D.O.		23b. Glenn R. Miller		D.O.		23c. 4-25-72	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP	
23d. 115 S. 5th St., Hannibal, Missouri 63401							
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE	
24a. Burial		24b. Rose Hill Cemetery		24c. Brookfield, Missouri			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. Mar. 24, 1972		24e. James O'Donnell Funeral Home, Hannibal, Mo. 63401					
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25b. [Signature]		25c. [Signature]		25d. May 2-1972			

USUAL RESIDENCE WHERE DECEASED LIVED: IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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

Clyde W. Perry

Licensed Embalmer No. 3820

P. O. Address Perry, 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.

Permit issued March 23-1972