

FILED JAN 18 1954

STANDARD CERTIFICATE OF DEATH

State File No. 405

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <i>Callaway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i>	
b. CITY (If outside corporate limits, write RURAL and give town) <i>Fulton</i>	c. LENGTH OF STAY (In this place) <i>2 yr 4 mo</i>	c. CITY OR TOWN <i>Jonestown</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hosp no 1</i>		e. STREET ADDRESS (If rural, give location) <i>0680</i>	

3. NAME OF DECEASED a. (First) <i>Bertha</i> b. (Middle) <i>Elizabeth</i> c. (Last) <i>Baker</i>			4. DATE OF DEATH (Month) <i>Jan</i> (Day) <i>15</i> (Year) <i>1954</i>		
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>	8. DATE OF BIRTH <i>Feb 23, 1880</i>		9. AGE (In years last birthday) <i>73</i> IF UNDER 1 YEAR Months <i>11</i> IF UNDER 4 HRS. Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>horsework</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>home</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>OK</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>

13a. FATHER'S NAME <i>Jacob Baker</i>	13b. MOTHER'S MAIDEN NAME <i>Eva Stoen</i>	14. NAME OF HUSBAND OR WIFE <i>no</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Joe C. Baker</i> ADDRESS <i>Jamestown Mo</i>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>3-4 days</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Generalized arteriosclerosis</i>		
	ANTECEDENT CAUSES Morbidity 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. <i>Hypostatic pneumonia</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <i>SUICIDE HOMICIDE</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc) <i>State Hospital</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <i>Fulton Callaway</i> (STATE) <i>Mo</i>
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21d. TIME (Month) <i>Jan</i> (Day) <i>1954</i> (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>fell to floor, hospital ward</i>
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22. I hereby certify that I attended the deceased from *Jan 1, 1954*, to *Jan 15, 1954*, that I last saw the deceased alive on *Jan 14, 1954*, and that death occurred at *8 A.M.* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>J R Hunter MD</i>	23b. ADDRESS <i>Fulton Mo</i>	23c. DATE SIGNED <i>Jan 15/54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Jan-17-1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Cedron Cem</i>	24d. LOCATION (City, town, or county) (State) <i>Cedron Mo</i>
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DATE REC'D BY LOCAL REG. <i>Jan-15-1954</i>	REGISTRAR'S SIGNATURE <i>Maritta Lawner</i> 426	25. FUNERAL DIRECTOR'S SIGNATURE <i>G. Albert Hornbeck</i> ADDRESS <i>Home</i>
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(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.....
Signature of Student Embalmer

Signed *E. Albert Hornbeck*.....

Licensed Embalmer No. *2714*

P. O. Address *Prainsi, Ho*

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.