

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4308**

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY COOPEY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONITEAU	
b. CITY OR TOWN BOONVILLE MO	c. LENGTH OF STAY (in this place) 4 DAYS	c. CITY OR TOWN (RURAL) LINN	0680
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL BOONVILLE		d. STREET ADDRESS JAMESTOWN MO.	

3. NAME OF DECEASED (Type or Print) JOSEPH JOHN BAKER		4. DATE OF DEATH FEBRUARY 18, 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 9, 1875
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM OWNER	
10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME SACAB BAKER	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE KATHAN BAKER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Robert E. Baker R.P. Beckett MO

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Infarct		Instant
	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. Pneumonia		4 days	

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 4201	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb 14, 1955**, to **Feb 18, 1955**, that I last saw the deceased alive on **Feb 19, 1955**, and that death occurred at **8:30 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE R. Beckett (Degree or title) MD	23b. ADDRESS Boonville MO	23c. DATE SIGNED 2-19-55
--	----------------------------------	---------------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	24b. DATE FEB. 21-1955	24c. NAME OF CEMETERY OR CREMATORY CEDRON CEMETERY	24d. LOCATION (City, town, or county) (State) MO
--	-------------------------------	---	---

DATE REC'D BY LOCAL REG. 2/20/55	REGISTRAR'S SIGNATURE 381 D. Hooper	25. FUNERAL DIRECTOR'S SIGNATURE Albert Hornbeck	ADDRESS Bairia Home
---	---	---	----------------------------

(Licensed Embalmers' Statement on Reverse Side)

MO

WRITE PLAINLY—USING BLACKINK—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
Student Embalmer

Signed *C. Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Laurie Home mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.