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FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7833

BIRTH NO. _____ REG. DIST. NO. 83 PRIMARY REG. DIST. NO. 5313 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY COOPER
b. CITY OR TOWN NORTH MONITEAU
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY COOPER
c. CITY OR TOWN NORTH MONITEAU
d. STREET ADDRESS CALIFORNIA MO

3. NAME OF DECEASED
a. (First) LOUISE K. BAKER
b. (Middle)
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)
3 - 14 - 1949

5. SEX FEMALE
6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH 4-25-1861

9. AGE (In years last birthday) 87
IF UNDER 1 YEAR Months 10 Days 19
IF UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSE WORK

10b. KIND OF BUSINESS OR INDUSTRY
HOUSEWIFE

11. BIRTHPLACE (State or foreign country)
MISSOURI

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME FRANK RAU

13b. MOTHER'S MAIDEN NAME MARGARET SMIT

14. NAME OF HUSBAND OR WIFE JOHN BAKER

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.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Henry Baden Home 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 complications which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
ANTECEDENT CAUSES Arteriosclerosis
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.
4301

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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)
North Moniteau Cooper MO.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 13, 1949, to March 13, 1949, that I last saw the deceased alive on March 13, 1949, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
T. O. Bairon D.D.O.

23b. ADDRESS
California, MO.

23c. DATE SIGNED
3/14/49

24a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24b. DATE
3-16-1949

24c. NAME OF CEMETERY OR CREMATORY
CEDYAN CEM.

24d. LOCATION (City, town, or county) (State)
MONITEAU Co MO

DATE REC'D BY LOCAL REG.
3/14/49

REGISTRAR'S SIGNATURE
U. T. Meredith 720

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
C. Albert Hornbeck

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 2

District File Number

Date Filed 4-2-49

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 Prarie Home Ma

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