

FILED AUG 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27786  
Registrar's No. 262

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052

1. PLACE OF DEATH a. COUNTY <b>Pettis</b> <i>0804</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Morgan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Willow Fork</b> <i>0713</i>	
c. LENGTH OF STAY (in this place) <b>10 Minutes</b>		d. STREET ADDRESS (If rural, give location) <b>5 Miles West Fortuna, Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Highway #50 - E. Broadway St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Louis</b> b. (Middle) <b>-</b> c. (Last) <b>Baker</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August, 18, 1951</b>		
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5. SEX <b>Male</b> <i>2</i>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>March, 21, 1862</b>		9. AGE (In years) (last birthday) <b>89</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>			11. BIRTHPLACE (State or foreign country) <b>Morgan County, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
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13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Mary Baker (Deceased)</b>		
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Margaret Chism (Daughter)</b>		ADDRESS <b>Fortuna, Mo</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fractured skull</b>									
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) _____							
		DUE TO (c) <b>Shock</b>							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death. <b>Fractured femur</b>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>E 8124 25</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Versailles Morgan Mo</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8-18-51 5:30 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Hit by automobile while walking on highway</b>	
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22. I hereby certify that I interviewed the deceased **as person**, that I last saw the deceased alive on **10**, and that death occurred at **7:30P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Chas Jordan Gauffech MD</b> (Degree or title)		23b. ADDRESS <b>Cornery Pettis Co</b>		23c. DATE SIGNED <b>8-20-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8/18/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Liberty Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Tipton, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>8-21-51</b>		REGISTRAR'S SIGNATURE <b>A. G. Campbell</b>		2. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Richards</b>		ADDRESS <b>Tipton, Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8-28-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 8-28-51

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 James E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton, Missouri

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.