

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-037780

STATE FILE NUMBER

AMENDED

Registration District No. 224Primary Registration District No. 3046Registrar's No. 92

FILED NOV 13 1961

1. PLACE OF DEATH

a. COUNTY

Moniteau

b. CITY (If outside corporate limits, give TOWNSHIP only)

California, Mo Walker

Length of stay in 1b

10 Yrs

c. FULL NAME OF (If NOT in hospital, give location)

Home-Rt # 3

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Moniteau

c. CITY

OR

TOWN California, Mo

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Rt # 3

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Henry

Middle

John

Last

Baker

4. DATE OF DEATH

Month

Nov

Day

3

Year

1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2/18/81

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

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

Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Own Farm

11. BIRTHPLACE (City and state or country)

Cooper Co-Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Joe Baker

13b. MOTHER'S MAIDEN NAME

Eva Franken

14. NAME OF HUSBAND OR WIFE

Deceased

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.

None

17. INFORMANT

Address

Mrs. Hester Francis California, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cardiovascular Disease & Nephrosis 3 years

DUE TO (c)

Arterio-sclerosis 10 years

INTERVAL BETWEEN ONSET AND DEATH 4 weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic Prostatitis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Sept 22 1961

to Nov 3rd 1961

and last saw him alive on Nov 1 1961.

Death occurred at

8P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edward A. Hebbes M.D.

22b. ADDRESS

California

22c. DATE SIGNED

11/4/61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11/5/61

23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

23d. LOCATION (City, town, or county)

California, Mo

24. FUNERAL DIRECTOR

ADDRESS

Bowlin Funeral Home-California, Mo

25. DATE RECD. BY LOCAL REG.

11-6-61

26. REGISTRAR'S SIGNATURE

Hester Francis

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 John R Bowlin, Student Embalmer No. 614
working under my personal supervision.

Student John R Bowlin
Signature of Student Embalmer

Signed John R Bowlin
Licensed Embalmer No. 4933

P. O. Address California, 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.