

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5-15-62-005476  
STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

FILED FEB 27 1962

AMENDED

1. PLACE OF DEATH a. COUNTY <b>BOLLINGER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>BOLLINGER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LUTESVILLE</b>		Length of stay in 1b <b>1YR.</b>	c. CITY OR TOWN <b>MARBLE HILL</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>EMMA</b> Middle <b>ELIZABETH</b> Last <b>BAKER</b>			4. DATE OF DEATH Month <b>Feb</b> Day <b>14</b> Year <b>1962</b>	
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept 19 1866</b>	9. AGE (last birthday) <b>95</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Perry County MO</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>
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13a. FATHER'S NAME <b>RICHARD WALKER</b>	13b. MOTHER'S MAIDEN NAME <b>NANCY CROWE</b>	14. NAME OF HUSBAND OR WIFE <b>Peter BAKER</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>NO</b>	17. INFORMANT <b>Mrs Beulah Myers, Lutesville</b>	Address _____
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypertensive Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Cardio renal Vasculardisease</b>	
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ s.m. _____ p.m. _____ Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from **6/2/50** to **2/14/62** and last saw her **her** alive on **2/14/62**  
Death occurred at **3 o'clock p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>John F. Myers MD</b>	22b. ADDRESS <b>Lutesville Mo</b>	22c. DATE SIGNED <b>2/21/62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>Feb. 16, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BOLLINGER CO. MEM. BOLLINGER CO. MO.</b>	23d. LOCATION (City, town, or county) <b>Mo.</b>
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24. FUNERAL DIRECTOR <b>Jene Ward, Lutesville Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>2/23/62</b>	26. REGISTRAR'S SIGNATURE <b>Mrs Beulah Myers</b>
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DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

**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 Jenneth Liley

Licensed Embalmer No. 5086  
P. O. Address Luttrell,

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.