

FILED MAY 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16932

STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 51

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)			
a. COUNTY <u>LAWRENCE</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Aurora</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Aurora</u>		Inside Limits OR TOWN <u>Aurora</u>		c. CITY OR TOWN <u>Aurora</u>		Inside Limits OR TOWN <u>Aurora</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>905 S. Lincoln St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Wm</u> Middle <u>M.</u> Last <u>BAKER</u>				Month <u>MAY</u> Day <u>18</u> Year <u>1956</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>JUNE 4, 1879</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		9. AGE (In years last birthday) <u>76</u>		11. BIRTHPLACE (City and state or country) <u>Wentworth, Mo.</u>	
13. FATHER'S NAME <u>JAMES BAKER</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
14. MOTHER'S MAIDEN NAME <u>Katherine Bishop</u>				17. INFORMANT Address <u>Rose Reidle, Aurora, Mo.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemorrhage</u> DUE TO (b) <u>Basilar Fracture</u> DUE TO (c) <u>Car accident</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH	
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.) <u>055</u>				
20c. TIME OF INJURY Hour <u>3:45</u> Month <u>P.M.</u> Day <u></u> Year <u></u>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>3:45 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>W. H. Fossett, Coroner Lawrence Co., Mt Vernon, Mo.</u>				22b. ADDRESS		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>5-21-56</u>		<u>Mt. Galvary Cemetery Aurora Missouri</u>		<u>Aurora Missouri</u>	
24. FUNERAL DIRECTOR Address <u>L. Marsh Aurora, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>5-26-56</u>		26. REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

KS JUL 13 1959

JUL 1 1959

KS JUL 6 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by Myself, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Quinn L. Harsh

Licensed Embalmer No. 30

P. O. Address Quinn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.