

FILED OCT 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30746**

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

BIRTH NO. _____		REG. DIST. NO. <u>156</u>	PRIMARY REG. DIST. NO. <u>2007</u>	Registrar's No. <u>422</u>
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JASPER</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>JOPLIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>		
c. LENGTH OF STAY (In this place) <u>60 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>13th St. + Rex Crossing</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>13th St. + Rex Crossing</u>				
3. NAME OF DECEASED a. (First) <u>EARL</u>		b. (Middle)	c. (Last) <u>BAKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 20 1949</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC. 7, 1887</u>	9. AGE (In years last birthday) <u>62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GARAGE</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>BAKER</u>		13b. MOTHER'S MAIDEN NAME <u>MATTIE CURTIS</u>	14. NAME OF HUSBAND OR WIFE <u>NANCY BAKER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>NANCY BAKER</u> ADDRESS <u>JOPLIN, MO.</u>		
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 complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Sept 19 1949</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Coronary Occlusion</u>			<u>Just attack</u>
DUE TO (c) _____				<u>Sept 15 49</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	_____			_____
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <u>Sept 19 1949</u> , to <u>Sept 20 1949</u> , that I last saw the deceased alive on <u>Sept 19 1949</u> , and that death occurred at <u>3:00 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Ed. S. Janner</u> (Degree or title)		23b. ADDRESS <u>408 Kansas Bldg, Joplin, Mo.</u>		23c. DATE SIGNED <u>Sept 22 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT 24 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST PARK CEM.</u>	24d. LOCATION (City, town, or township) (State) <u>JOPLIN, MO.</u>	
DATE REC'D BY LOCAL REG. <u>9-22-49</u>	REGISTRAR'S SIGNATURE <u>Ed. S. Janner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>HURLBUT-GLOVE</u>	ADDRESS <u>JOPLIN, MO.</u>	

RECEIVED 9-26-49

Jasper County Health Office

County File Number 49-9-761

Date Filed 9-29-49

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

working under my personal supervision.

Student Embalmer No.

Signed

Paul Glover

Signed

Student Embalmer

Licensed Embalmer No.

4593

P. O. Address

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