

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42423**

No. 300
10-48

FILED DEC 21 1953

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **139**

1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COOPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BEARDVILLE MO		c. LENGTH OF STAY (in this place) 24 DAYS	
c. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN (RURAL) NORTH MONTEAU Twp	
d. STREET ADDRESS (If rural, give location) NEAR BAILE HOME MO		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) MABEL b. (Middle) ELAINE c. (Last) BAKEY			4. DATE OF DEATH DEC. 16 - 1953 (Month) (Day) (Year)		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	
8. DATE OF BIRTH SEPT 24 - 1945		9. AGE (in years last birthday) 8		10. UNDER 1 YEAR: Days 3 Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IN SCHOOL		10b. KIND OF BUSINESS OR INDUSTRY CHILD		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U. S		13a. FATHER'S NAME LEO BAKEY		13b. MOTHER'S MAIDEN NAME MABEL HENRY	
14. NAME OF HUSBAND OR WIFE SINGLE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Esther Odneal		17. ADDRESS _____		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.	

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.		19. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 2040	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute lymphocytic leukemia		20. INTERVAL BETWEEN ONSET AND DEATH 6 mo.		21. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____	
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia		22. AUTOPSY? 2 days		23. DATE OF OPERATION _____	

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) _____		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 **July**, 19**53**, to **Dec. 14**, 19**53** that I last saw the deceased alive on **Dec 14**, 19**53** and that death occurred at **11 P** m., from the causes and on the date stated above.

23a. SIGNATURE Ray B Lewis M.D.		23b. ADDRESS Beardville, Mo		23c. DATE SIGNED 12-16-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC. 17 - 1953		24c. NAME OF CEMETERY OR CREMATORY MONTEAU EOBAN CEM	
24d. LOCATION (City, town, or county) (State) NEAR BAILE HOME MO		25. FUNERAL DIRECTOR'S SIGNATURE ALBERT HORNBECK		25. ADDRESS BAILE HOME	

DATE REC'D BY LOCAL REG. 12-16-53		REGISTRAR'S SIGNATURE W. Hooper 381		25. FUNERAL DIRECTOR'S SIGNATURE ALBERT HORNBECK	
				ADDRESS BAILE HOME	

(Licensed Embalmer's Statement on Reverse Side)

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

0210

OS. 030 (511)

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 *G. Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Barris Home 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.