

No. 300
10.48

FILED APR 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13379

833

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

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5968 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY PLATTE		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		d. STREET ADDRESS (If rural, give location) 4 mile S. Platte City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 mile S. Platte City		d. STREET ADDRESS (If rural, give location) 4 mile S. Platte City	
3. NAME OF DECEASED a. (First) IDA (Type or Print)		b. (Middle) BELLE	
c. (Last) BAKER		4. DATE OF DEATH (Month) (Day) (Year) April 13 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb 27, 1977
9. AGE (In years last birthday) 72	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Farley, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME W. H. Baker	13b. MOTHER'S MAIDEN NAME Lennie O Dell	14. NAME OF HUSBAND OR WIFE Wm T. Baker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE, OR NAME ADDRESS Mrs. Earl Newton Platte City, Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia INTERVAL BETWEEN ONSET AND DEATH 10 days ANTECEDENT CAUSES DUE TO (b) Myocardial Infarct. DUE TO (c) Generalized Arteriosclerosis 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 checked="" 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) m.	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 April 5, 1949 to April 13, 1949 , that I last saw the deceased alive on April 13, 1949 , and that death occurred at 12:30P m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. Graham Parker M.D.		23b. ADDRESS Platte City, Mo.	23c. DATE SIGNED 4/15/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-15-49	24c. NAME OF CEMETERY OR CREMATORY Platte City Cem.	24d. LOCATION (City, town, or county) (State) Platte City, Mo.
DATE REC'D BY LOCAL REG. 4-16-49	REGISTRAR'S SIGNATURE Opelia Racine	25. FUNERAL DIRECTOR'S SIGNATURE Wangha Funeral Home	ADDRESS Weston Mo.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-26-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed

W. R. Vaughn

Signed _____

Student Embalmer

Licensed Embalmer No.

4023

P. O. Address

Weston, 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.