

FILED OCT 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30682

State File No.

 BIRTH NO. 58418-49 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 298

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE		c. LENGTH OF STAY (in this place) 26 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE		
d. FULL NAME OF HOSPITAL OR INSTITUTION INDEPENDENCE SANATORIUM & HOSP.			d. STREET ADDRESS (If rural, give location) 1422 S. DODGION		
3. NAME OF DECEASED (Type or Print) a. (First) DONALD b. (Middle) LEE c. (Last) BAKER			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 23 1949		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH AUG. 27, 1949	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR 0 Months 0 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) INDEPENDENCE MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME RAYBURN W. BAKER SR.		13b. MOTHER'S MAIDEN NAME LOUISE GRIFFIN		14. NAME OF HUSBAND OR WIFE XXXXXXXXXXXX	
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 ADDRESS RAYBURN W. BAKER SR., 1422 S. DODGION			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia - Acute ANTECEDENT CAUSES Tracheo - Bronchitis Acute Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 12 hrs. 2 days 501X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Pathologist				20. AUTOPSY? YES <input checked="" 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) 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE W. J. [Signature] (Degree or title) MD			23b. ADDRESS 2800 Main		23c. DATE SIGNED 9/24/49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT. 26, 1949	24c. NAME OF CEMETERY OR CREMATORY MOUND GROVE	24d. LOCATION (City, town, or county) (State) INDEPENDENCE, JACKSON, MO.		
DATE REC'D BY LOCAL REG. Sept. 25-1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS INDEPENDENCE, MO.		

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 28 RECD

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, ~~644~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Henry W. Stahl
Licensed Embalmer No. 3181

P. O. Address

Independence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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