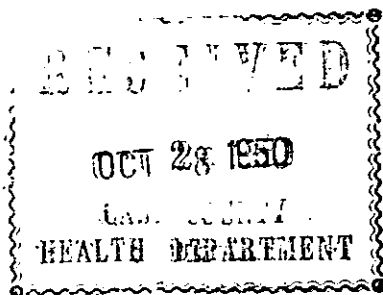


THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32916

BIRTH NO. _____		REG. DIST. NO. <u>3</u>	PRIMARY REG. DIST. NO. <u>5231</u>		Registrar's No. <u>168</u>
1. PLACE OF DEATH a. COUNTY <u>Cass</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-SHERMAN Twp.</u>		c. LENGTH OF STAY (in this place) <u>—</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-GRAND RIVER Twp.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR <u>15th & E of Harrisonville Mo</u>			d. STREET ADDRESS (If rural, give location) <u>019</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Will</u>		b. (Middle) <u>EARL</u>		c. (Last) <u>BAKER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 26 1950</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>		8. DATE OF BIRTH <u>Feb. 13 - 1926</u>	
9. AGE (In years last birthday) <u>24</u>		10. 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>—</u>	
11. BIRTHPLACE (State or foreign country) <u>DENTON, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>J. E. BAKER</u>		13b. MOTHER'S MAIDEN NAME <u>MARIE Nicholson</u>		14. NAME OF HUSBAND OR WIFE <u>Billy J. RALSTON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes world war II</u>		16. SOCIAL SECURITY NO. <u>495-24-8143</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. Baker</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fracture, skull</u> ANTECEDENT CAUSES Morbidity 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. INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u> <u>68224</u> <u>32</u>			
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway - 35</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Creighton Cass MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>OCT. 26 1950 11:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>CAR OVERTURNED</u>	
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 <u>11:30 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. J. Barger</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Harrisonville, Mo</u>	
23c. DATE SIGNED <u>OCT. 28 1950</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 29 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cleant Ridge Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Harrisonville MO</u>					
DATE REC'D BY LOCAL REG. <u>Oct. 28, 1950</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bannenburgers</u>	
				ADDRESS <u>Harrisonville</u>	

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



OCT 20 1950

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 _____

R. J. Lindley
working under my personal supervision.

Student Embalmer No. *369*

Student *R. J. Lindley*
Student Embalmer

Signed

Ernest R. Rummel

Licensed Embalmer No. *3368*

P. O. Address

Harrisonville

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.