

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40561**
5081

FILED DEC 16 1950

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City Mo.
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION K.C.T.B. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY
d. STREET ADDRESS (If rural, give location) 613 MAIN

3. NAME OF DECEASED
a. (First) EDWARD b. (Middle) J. c. (Last) BAKER

4. DATE OF DEATH (Month) (Day) (Year) 11-30-50

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH 4-13-79

9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 9 Days 17 IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensioner

10b. KIND OF BUSINESS OR INDUSTRY ?

11. BIRTHPLACE (State or foreign country) Lincoln County, Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Baker

13b. MOTHER'S MAIDEN NAME Elizabeth Stafforbeam

14. NAME OF HUSBAND OR WIFE Mary Lou Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no

16. SOCIAL SECURITY NO. Unk.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Record Clerk: K.C.T.B. Hosp.

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) PULMONARY TUBERCULOSIS
ANTECEDENT CAUSES
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
002+

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-25, 1950, to 11-30, 1950, that I last saw the deceased alive on 11-30, 1950; and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Edward P. Altomare (Degree or title) M.D.

23b. ADDRESS K. C. T. B. Hospital

23c. DATE SIGNED

24a. DATE OF REMOVAL (Specify)

24b. DATE 11-3-50

24c. NAME OF CEMETERY OR CREMATORY Garner Cemetery

24d. LOCATION (City, town, or county) (State) Brookfield, Mo.

DATE REC'D BY LOCAL REG. 12-2-50

REGISTRAR'S SIGNATURE Heraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. C. W. Wickett, L.C.S., Mo.

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

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 G. E. Weiler

Signed _____
Student Embalmer

Licensed Embalmer No. 14270

P. O. Address P.C. 8, 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.