

FILED APR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12921

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Prairie</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grandview</u> <u>0480</u>	
c. LENGTH OF STAY (In this place) <u>3 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Jackson Co. Emergency</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Virginia</u>		b. (Middle) <u>Baker</u>	
c. (Last) <u>Baker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 6, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>Dec. 12, 1864</u>
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>0</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Benjamin Duck</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Bradley</u>	
14. NAME OF HUSBAND OR WIFE <u>Wm. L. Baker</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Duck, Cameron, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bacterial pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>591X</u>	
20. AUTOPSY? YES <input 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 <u>1 Oct</u> , 19 <u>50</u> , to <u>6 Apr</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Sept</u> , 19 <u>51</u> , and that death occurred at <u>4 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. C. Bunnenschien MD</u> (Degree or title)		23b. ADDRESS <u>Independence, Mo.</u>	
23c. DATE SIGNED <u>8 Apr 51</u>		24. LOCATION (City, town, or county) (State) <u>Hickman Mills, Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/9/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>		24d. DATE REC'D BY LOCAL REG. <u>4/8/51</u>	
REGISTRAR'S SIGNATURE <u>David C. Emswary</u> <u>378</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. K. George and Sons</u> ADDRESS <u>Grandview, Mo.</u>	

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

480

APR 19 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 _____

working under my personal supervision.

Student Embalmer No.

Signed A. R. George

Signed.....
Student Embalmer

Licensed Embalmer No. 3645

P. O. Address Seabrook, Md

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.