No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 2 - 1951

State File No. 19649

BIRTH NO. ____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5217 Registrar's No. 71

90
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1. PLACE OF DEATH
a. COUNTY: Cass County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Austin Township
c. LENGTH OF STAY (in this place): ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 Mile North of Archie Mo Highway 71

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3028
d. STREET ADDRESS (If rural, give location): 548 Main

3. NAME OF DECEASED (Type or Print) a. (First) MADISON b. (Middle) H. B. c. (Last) BAKER

4. DATE OF DEATH (Month) June (Day) 29 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 1905
9. AGE (In years last birthday): 46 If under 1 year: Months / Days If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Jim Baker
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Cyril Dronge Municipal Farm Lees Summit Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FRACTURE, SKULL
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ____
DUE TO (c) ____

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71

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: — 819
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 71
21c. (CITY, TOWN, OR TOWNSHIP) Archie, Austin Twp **(COUNTY)** Cass **(STATE)** Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 29 1951 6:30 AM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Collission Two Cars

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* 6:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Coroner Harrisonville Mo
23c. DATE SIGNED: June 29/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 29, 1951
24c. NAME OF CEMETERY OR CREMATORY: Unknown
24d. LOCATION (City, town, or county) (State): Unknown

DATE REC'D BY LOCAL REG.: June 29 1951
REGISTRAR'S SIGNATURE: Dora Barnard 457
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: [signature] by Frank E. [signature] Harrisonville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 30 1951
CASS COUNTY
HEALTH DEPARTMENT

AUG 4 1951

AUG 3 1951

JUL 18 1951

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.

Student _____
Student Embalmer

Signed Frances L Sukeburg

Licensed Embalmer No. 4513

P. O. Address [redacted] Harrisonville Mo

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

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

State of Missouri } ss.
County of Randolph }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 19649-51
Local Registrar's No.

On this 21st day of July, 1951, before me appears Thelma Coffey, who, upon her oath, states that the original record of ~~birth~~ death for Madison H. Baker, died June 29th, 1951, in the State of Missouri, and which was filed at Cass County on June 29, 1951, should be corrected as follows:

Item No. 3 should read Madison B. Baker
Instead of Madison H Baker

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of ?

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Thelma Coffey sister
Relationship.

419 W. Burkhart St.
Moberly, Mo.
Present Address.

Subscribed and sworn to before me this 21st day of July, 1951

My Commission expires November 14, 1951 James L. Stone Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
-43
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