

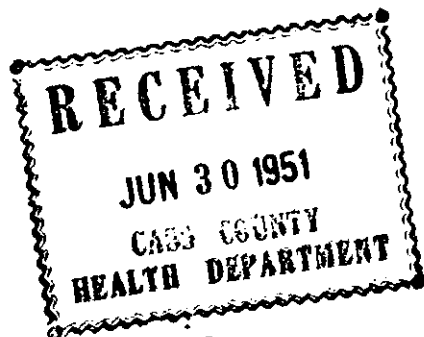
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19649**

FILED JUL 2- 1951

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 5217		Registrar's No. 71	
1. PLACE OF DEATH a. COUNTY Cass County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Austin Township		c. LENGTH OF STAY (In this place) ✓		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		3028	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile North of Archie Mo Highway 71		d. STREET ADDRESS (If rural, give location) 548 Main					
3. NAME OF DECEASED (Type or Print) MADISON H. B. BAKER				4. DATE OF DEATH (Month) (Day) (Year) June 29 1951			
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 2 1905	
9. AGE (In years last birthday) 46		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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 Gerald Thompson Municipal		ADDRESS Farm Leeds Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Fracture of skull				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 8 1/2 h			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) TRACTION, SKULL							
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.							
19a. DATE OF OPERATION June 29 1951		19b. MAJOR FINDINGS OF OPERATION ✓		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 (COUNTY) (STATE) Archie, Austin Co MO Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 29 1951 6 AM		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? COLLISION 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 AM , from the causes and on the date stated above.							
23a. SIGNATURE D. J. Baird		23b. ADDRESS Corvick 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 Barward		25. FUNERAL DIRECTOR'S SIGNATURE Frank E. Harrison			
				ADDRESS Harrisonville Mo			

(Licensed Embalmer's Statement on Reverse Side)

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



1951 8 10

AUG 4 1951

1951 8 30

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

Francis L. Schaberg

Licensed Embalmer No. 4513

P. O. Address

Harrisonville, 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.

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

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Randolph } ss.

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

AFFIDAVIT FOR CORRECTION OF A RECORD

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 29, 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 _____

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

(SEAL)

Affiant Thelma Coffey Sister
419 W. Burrehalt St. Relationship.
Moberly, Mo.
Present Address.

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

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