

S. No. 300
v. 10.48

FILED JUN 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20476

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5573 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY Jackson		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) SN-9-BAR Hobley-Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue Spring 0480	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 15th & Walnut	
d. FULL NAME OF HOSPITAL OR INSTITUTION Snicker 3 mi N. West			
3. NAME OF DECEASED a. (First) Floyd (Type or Print)		b. (Middle) A (Last) Baker	
4. DATE OF DEATH (Month) (Day) (Year) June 2-1951		5. SEX M	
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Feb. 14-1894		9. AGE (In years last birthday) 57	
10a. USUAL OCCUPATION (Give kind of work done during present working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Employer	
11. BIRTHPLACE (State or foreign country) Pike City Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME David C Baker		13b. MOTHER'S MAIDEN NAME Emma Regie	
14. NAME OF HUSBAND OR WIFE -		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	
16. SOCIAL SECURITY NO. 496-09-4960		17. INFORMANT'S SIGNATURE OR NAME Phillip Baker	
17. ADDRESS Blue Springs Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death from drowning INTERVAL BETWEEN ONSET AND DEATH II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9291 3	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson Mo	
21d. TIME OF INJURY 10-2-51 8:30 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Fell in lake		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 _____ m., from the causes and on the date stated above.	
23a. SIGNATURE Gen C Sealby Jr. Deputy Coroner		23b. ADDRESS 4050 Broadway, B.C. Mo.	
23c. DATE SIGNED 6-3-51		24a. BURIAL, CREMATION REMOVAL (Specify) Burial	
24b. DATE June 5-1951		24c. NAME OF CEMETERY OR CREMATORY Blue Springs	
24d. LOCATION (City, town, or county) (State) Blue Springs Mo.		DATE REC'D BY LOCAL REG. 6-5-51	
REGISTRAR'S SIGNATURE Donald C. Eason		FUNERAL DIRECTOR'S SIGNATURE B78 Walt Funeral Home	
ADDRESS Blue Springs Mo.		ADDRESS Blue Springs Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0480
3380

JUN 22 1967

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.....

R. Blunt

Signed.....
Student Embalmer

Licensed Embalmer No. 2353

P. O. Address Blue Springs

Blue Springs

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.