

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20750

State File No. _____

FILED JUL 10 1952

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 263

485
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Independence</u> <u>0485</u>	
c. LENGTH OF STAY (In this place) <u>7 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>9904 WINNER Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9904 WINNER Rd.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARY</u>	b. (Middle) <u>VIRGINIA</u>	c. (Last) <u>BAKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 19, 1952</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>JAN. 14, 1860</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Month <u>5</u> Days <u>5</u>	IF UNDER 100 HRS. Hours <u>5</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (State or foreign country) <u>Dow City, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Robert Butterworth</u>	13b. MOTHER'S MAIDEN NAME <u>Isabelle McKinsey</u>	14. NAME OF HUSBAND OR WIFE <u>JAMES M. BAKER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. L. PARKER</u>	ADDRESS <u>Cedar Rapids, Iowa</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Cardiovascular Disease</u>		<u>years</u>
	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 <u>2</u>	19b. MAJOR FINDINGS OF OPERATION <u>x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>(52)</u>
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22. I hereby certify that I attended the deceased from 6/15, 1952, to 6/19, 1952, that I last saw the deceased alive on 6/19, 1952, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas Grasske MD</u> (Degree or title)	23b. ADDRESS <u>Independence, Mo</u>	23c. DATE SIGNED <u>6/19/52</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>June 20, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-20-52</u>	REGISTRAR'S SIGNATURE <u>James [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Roland [Signature]</u> ADDRESS _____
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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.....

Raymond M. Hardy

Student Embalmer No. *452*

working under my personal supervision.

Student *Raymond M. Hardy*
Student Embalmer

Signed *Poland R. Jenks*

Licensed Embalmer No. *3604*

P. O. Address *Independence, 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.