

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41537

State File No.

FILED JAN 12 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1375

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph <u>0117</u>	
c. LENGTH OF STAY (in this place) 20 years		d. STREET ADDRESS (If rural, give location) 2210 Agency Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION 29th & Pickett Road			

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) R. c. (Last) Baker			4. DATE OF DEATH (Month) (Day) (Year) December 22, 1952		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH September 13, 1889		9. AGE (in years last birthday) 63		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman			10b. KIND OF BUSINESS OR INDUSTRY wholesale novelties		
11. BIRTHPLACE (State or foreign country) Holton, Kansas			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME William Baker		13b. MOTHER'S MAIDEN NAME unk.		14. NAME OF HUSBAND OR WIFE Clara	
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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) no		16. SOCIAL SECURITY NO. 499-20-1587		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Walter Baker, 2210 Agency Rd. St. Joseph	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 1 day	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Man died suddenly while in his truck near 29th. St. and Pickett Rd.				4201	
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 no history of recent serious illness or disability				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 pronounced the deceased dead on Dec 22, 1952, at 9:00 a. m., that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. J. Munday M.D. (Coroner)			23b. ADDRESS St. Joseph, Mo.			23c. DATE SIGNED 12/22/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12/26/1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City Missouri		

DATE REC'D BY LOCAL REG. Jan. 3, 1953		REGISTRAR'S SIGNATURE Carl C. Casley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Newton Bowman Funeral Home		446 St. Joseph, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

EMBALMER
JAN 19 1953

JAN 19 1953

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 *J. H. Hamble*.....

Licensed Embalmer No. *4536*

P. O. Address *319 South 10th St. St. Joseph*

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.