

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42168**  
**5286**

FILED DEC 20 1952

REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Kansas City</b> )		c. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Kansas City</b> )	
c. LENGTH OF STAY (In this place) <b>50 years</b>		d. STREET ADDRESS (If rural, give location) <b>7704 Wornall</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>F.</b> c. (Last) <b>Baker</b>			4. DATE OF DEATH (Month) <b>12</b> (Day) <b>3</b> (Year) <b>52</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept 22 1983</b>	9. AGE (In years last birthday) <b>69</b>	# UNDER 1 YEAR Months <b>0</b> Days <b>0</b> # UNDER 1 HR. Hours <b>0</b> Mins. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Poultry &amp; Egg Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Flora, Illinois</b>	
13a. FATHER'S NAME <b>Unknown Baker</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

14. NAME OF HUSBAND OR WIFE <b>Maudie J Baker</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Maudie J Baker</b> ADDRESS <b>7704 Wornall</b>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Left sided heart failure</b>				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) <b>Arteriosclerotic heart disease</b>		DUE TO (c) <b>Bronchopneumonia</b>				4250	

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)		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 attended the deceased from **Dec. 1**, 19**52**, to **Dec. 3**, 19**52**; that I last saw the deceased alive on **Dec. 3**, 19**52**, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE **B.I. Burns** (Degree or title) **M.D.** 23b. ADDRESS **24th & Cherry** 23c. DATE SIGNED **12-4-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Dec 5 1952** 24c. NAME OF CEMETERY OR CREMATORY **Elmwood Cemetery** 24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **12-4-52** REGISTRAR'S SIGNATURE **Geraldine Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **Wilke Funeral Home** ADDRESS **2315 Lenwood**

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

26 mo

DATE 7/21/10  
me 10

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.....

*Chas. Weeks*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2644*

P. O. Address. *14 C 2110*

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.