

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4845

State File No. ....

FILED FEB 16 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 204

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>	c. LENGTH OF STAY (in this place) <u>194-17-40</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Platte City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>State Hospital no 2</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	

3. NAME OF DECEASED (Type or Print) <u>William</u>	a. (First) <u>William</u>	b. (Middle) <u>C</u>	c. (Last) <u>Baker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 10 1953</u>
--	---------------------------	----------------------	------------------------	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED) WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>April 7 1882</u>	9. AGE (in years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	--------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	-----------------------------------	---	--

13a. FATHER'S NAME <u>Harvey Baker</u>	13b. MOTHER'S MAIDEN NAME <u>Tempie Fisher</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jake Baker</u> ADDRESS <u>Platte City Mo</u>
--	-------------------------------------	---

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 <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) <u>480X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Schizophrenia, Paranoid type</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 Feb 9, 1953, to Feb 10, 1953, that I last saw the deceased alive on Feb 10, 1952, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Forrest Thomas M.D.</u>	23b. ADDRESS <u>St Joseph Mo, State Hosp no 2</u>	23c. DATE SIGNED <u>2/10-53</u>
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>2-11-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PLATTE CITY CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>PLATTE CITY, MO.</u>
--	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Feb. 12, 1953</u>	REGISTRAR'S SIGNATURE <u>Paul C. Cash</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Collins &amp; Mitchell</u> ADDRESS <u>Platte City, Mo.</u>
---	---	--

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.....  
Student Embalmer

Signed Roland M. Goffee

Licensed Embalmer No. 4725

P. O. Address Platte City, 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.