

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **14033**
2140

FILED MAY 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: name before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ottawa</u>		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Neurological Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>912 N. Cherry</u>			
3. NAME OF DECEASED a. (First) <u>JOHN</u> b. (Middle) <u>EDVEN</u> c. (Last) <u>BASTON</u>				4. DATE OF DEATH (Month) <u>April</u> (Day) <u>21</u> (Year) <u>1953</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 10 1884</u>	
9. AGE (In years, last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Brick Mason</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State, or Foreign Country) <u>Cars Co. Mo</u>	
12. CITIZENSHIP OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Frank Baston</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Emily Gray</u>		14. NAME OF HUSBAND OR WIFE <u>Perle Baston</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>511-09-9219</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Perle Baston</u> ADDRESS <u>912 N Cherry Ottumwa Kan</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Stomach</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. <u>Terminal Broncho-pneumonia</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21. INTERVAL BETWEEN ONSET AND DEATH <u>15 1/2 hrs</u>			
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>4/18</u> 1953, to <u>4/21</u> 1953, that I last saw the deceased alive on <u>4/21</u> 1953, and that death occurred at <u>9 1/2 PM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. D. De Mott</u> (Degree or title) <u>M.D. MD</u>				23b. ADDRESS <u>2625 W. Paseo, KCMO</u>		23c. DATE SIGNED <u>4/21/53</u>	
24a. BURIAL CREMA-TORIAL REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 24-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-23-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Remmerburgis</u>		ADDRESS <u>Harrisonville Mo.</u>	

NOV 8 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

Ernest Remmerberg

Licensed Embalmer No.

33680

P. O. Address

Harrisonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.