

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24618

State File No.

3477

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>44 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>345 S. Oakley</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>HOUSTON</u> c. (Last) <u>BAKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July-11-1953</u>		
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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>Nov. 30-1908</u>		9. AGE (in years last birthday) <u>44</u>		if UNDER 1 YEAR Days - -		if UNDER 1 Mos. Hours - -	
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10. USUAL OCCUPATION (Give kind of work including most of working life, even if retired) <u>Salesman</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Thomas Baker</u>				13b. MOTHER'S MAIDEN NAME <u>Marjorie Lewis</u>				14. NAME OF HUSBAND OR WIFE <u>Clara Baker</u>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>Yes U.S. II</u>		16. SOCIAL SECURITY NO. <u>31-09-4518</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clara Baker</u>		ADDRESS <u>345 S. Oakley</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Exhaustion</u>		DUE TO (b) <u>Manic Phase of Manic Depressive Psychosis</u>						<u>approx 2 weeks</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____						3010	
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				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
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 July 5, 1953, to July 11, 1953, that I last saw the deceased alive on July 11, 1953, and that death occurred at 2:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank J. Koeng</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1300 Professional Bldg</u>		23c. DATE SIGNED <u>7-13-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Crementation</u>		24b. DATE <u>July-14-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>7-13-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>C. H. Blackman</u>		ADDRESS <u>San Pnc</u>	
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(Licensed Embalmer's Statement on Reverse Side)

15. C., Mo.

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

No. 300
10.48

FILED JUL 28 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 W. C. Rinne

Licensed Embalmer No. 4879

P. O. Address R. C., Va.

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.