

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**25322**

State File No. ....

**FILED AUG 14 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **154** PRIMARY REG. DIST. NO. **5575** Registrar's No. **31**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>Jackson</b>	b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural in Jackson</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Jackson</b>
c. OR TOWN <b>Kansas City Mo</b>	c. LENGTH OF STAY (in this place) <b>1 1/2 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural in Jackson</b>	d. COUNTY <b>Jackson</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>102 nd Central St</b>		d. STREET ADDRESS (If rural, give location) <b>102 Central St</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>Mr Felice Baker</b>	a. (First)	b. (Middle)	c. (Last)	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>August 7 1953</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>9-9-1889</b>	<b>9. AGE</b> (In years last birthday) <b>63</b>	<b>10. UNDER 1 YEAR</b> Months <b>-</b> Days <b>-</b> Hours <b>-</b> Min. <b>-</b>
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<b>10a. USUAL OCCUPATION</b> (This kind of work done during most of working life, even if retired) <b>Retired operator Sinclair oil Co</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Sinclair oil Co</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Cowgill, Mo</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>J C Baker</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mellie Cates</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Ella Baker</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>no</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Ella Baker</b>	<b>ADDRESS</b> <b>102 Central St</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 minute</b>  <b>years</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary Occlusion</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Coronary Thrombosis</b> <b>Arterio-sclerosis</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS:</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4201</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 6-12-1950, to 8-7-1953, that I last saw the deceased alive on 8-7-1953, and that death occurred at 10 A.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Ada B. Baker M.D.</b>	<b>23b. ADDRESS</b> <b>Martin City, Mo</b>	<b>23c. DATE SIGNED</b> <b>8-7-53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>24b. DATE</b> <b>8-10-53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Cowgill</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Cowgill Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>8/7/53</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Dr. Annie G. Hodges</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>France Warnall</b>	<b>ADDRESS</b> <b>K C Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300  
48  
20

**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

*Russell N. Fran*

Licensed Embalmer No. *48255*

P. O. Address *K. C. M.*

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.