

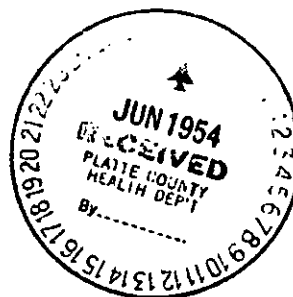
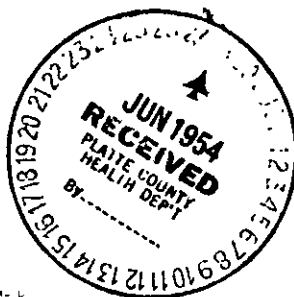
FILED JUL 1 1954

STANDARD CERTIFICATE OF DEATH

State File No. 19941

BIRTH NO. _____		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 4416		Registrar's No. 36	
1. PLACE OF DEATH a. COUNTY PLATTE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY PLATTE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PLATTE City		c. LENGTH OF STAY (In this place) Full Life		c. CITY (If outside corporate limits, write RURAL and give township) Carroll OR TOWN PLATTE City		0838	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home in PLATTE City				d. STREET ADDRESS _____			
3. NAME OF DECEASED (Type or Print) LORA		a. (First) MAUDE		b. (Middle) BAKER		c. (Last) _____	
5. SEX F		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 9-12-80	
9. AGE (In years last birthday) 73		10. KIND OF BUSINESS OR INDUSTRY GROCERY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas B. FLANNERY		13b. MOTHER'S MAIDEN NAME Kathryn McComas		14. NAME OF HUSBAND OR WIFE FRANK BAKER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME MR. E. S. FLANNERY		ADDRESS PLATTE City Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Branch pneumonia ANTECEDENT CAUSES Generalized arteriosclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sclerosis DUE TO (c) Cerebral arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 days 1067	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4500				20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from June 19, 1954 to June 22, 1954 , that I last saw the deceased alive on June 22, 1954 , and that death occurred at 8:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE E. S. Flannery (Degree or title) MD		23b. ADDRESS PLATTE City, Mo.		23c. DATE SIGNED 6/22/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-23-54		24c. NAME OF CEMETERY OR CREMATORY PLATTE City		24d. LOCATION (City, town, or county) (State) PLATTE City Mo.	
DATE REC'D BY LOCAL REG. 6-23-54		REGISTRAR'S SIGNATURE Phyllis Rallins		25. FUNERAL DIRECTOR'S SIGNATURE Rallins + Mitchell Funeral Home		ADDRESS PLATTE City	

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



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

Roland M. Gifford

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.