

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40403**

BIRTH NO.		REG. DIST. NO. <b>149</b>	PRIMARY REG. DIST. NO. <b>1002</b>	Registrar's No. <b>5151</b>
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>41 days</b>	c. CITY OR TOWN <b>Olathe</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>In Luke's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>315 N Buchanan</b>		
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Leland</b>	b. (Middle) <b>MAURICE</b>	c. (Last) <b>Baker</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>11 28 55</b>		5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>
8. DATE OF BIRTH <b>3-7-02</b>		9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>17</b>	IF UNDER 24 HRS. Hours <b>8</b> Mins. <b>17</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>clothing merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Clothing Store</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ottawa, Kansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13a. FATHER'S NAME <b>William Edward Baker</b>		
13b. MOTHER'S MAIDEN NAME <b>Laura Edna Jones</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Rose Baker</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>497-36-7851</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Anna Rose Baker</b>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ruptured esophageal varix</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs.</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cirrhosis of liver</b>		DUE TO (c) <b>Hepatoma, malignancy</b>		<b>11 mo</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>2 mo</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) (Min.)		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 <b>11-20-55</b> , 19 <b>55</b> , to <b>11-28-55</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>11-26-55</b> , 19 <b>55</b> , and that death occurred at <b>6:30 a.</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <b>Mark Dodge</b>		23b. ADDRESS <b>4635 Wyandotte KC Mo</b>		23c. DATE SIGNED <b>11-28-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-30-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>
24d. LOCATION (City, town, or county) (State) <b>78th Hillcrest - KC MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Spencer W. Faye</b>		
DATE REC'D BY LOCAL REG. <b>11-28-55</b>		REGISTRAR'S SIGNATURE <b>Neva Minshall</b>		ADDRESS <b>Olathe Ks.</b>

(Licensed Embalmer's Statement on Reverse Side)

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

101-6552

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 Matthew W. Frye, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Matthew W. Frye

Licensed Embalmer No. 361

P. O. Address Plattsburgh, N.Y.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.