

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26775**
Registrar's No. **3218**

FILED AUG 27 1956

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Berry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Wheaton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 Months		e. STREET ADDRESS (If rural, give location) 2050 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Marys Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Zippie Flora Jane	b. (Middle)	c. (Last) Baker	4. DATE OF DEATH (Month) (Day) (Year) July 24 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 16 1887	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 48 HRS. Hours	IF UNDER 15 Min.
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) McDonald County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wm McClure	13b. MOTHER'S MAIDEN NAME Lucy Davidson	14. NAME OF HUSBAND OR WIFE Fred Baker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 489-24-7957	17. INFORMANT'S SIGNATURE OR NAME Mrs Lucy Shreckengaust (Daughter)	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 13 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Partial obstruction, small bowel		
	ANTECEDENT CAUSES DUE TO (b) Carcinomatosis <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) Adenomarcinoma of sigmoid		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		3 months	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from **May 15, 1956**, to **July 24, 1956**, that I last saw the deceased alive on **July 24, 1956**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE E.G. Neighbor, M.D. (Degree or title)	23b. ADDRESS 1420 So. 42 St. - K.C.K.	23c. DATE SIGNED 7-24-56
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24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE July 25 1956	24c. NAME OF CEMETERY OR CREMATORY Rocky Comfort Cem.	24d. LOCATION (City, town, or county) (State) Wheaton, Missouri
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DATE REC'D BY LOCAL REG. 7-25-56	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE Simmons Funeral Home	ADDRESS KCK
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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.....
Signature of Student Embalmer

Signed.....
Max C Meyer

Licensed Embalmer No.....
455

P. O. Address.....
K C K S

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.