

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33836

State File No. _____

FILED NOV 2 - 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4462

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY OR TOWN Kansas City	c. LENGTH OF STAY (If this place) 6 Weeks	c. CITY OR TOWN Lee's Summit Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Luke Hospital		d. STREET ADDRESS (If rural, give location) 5 Maple Street	

3. NAME OF DECEASED (Type or Print)	a. (First) Frederick	b. (Middle) Dewey	c. (Last) Baker	4. DATE OF DEATH (Month) (Day) (Year) Oct. 14, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 14, 1898	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days	IF UNDER 1 MRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Munition	11. BIRTHPLACE (State or foreign country) Levasey, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Baker	13b. MOTHER'S MAIDEN NAME Mary Ann Wilkies	14. NAME OF HUSBAND OR WIFE Eunice L. Baker, Lee's Summit, Mo.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No.	16. SOCIAL SECURITY NO. 490-05-9400	17. INFORMANT'S SIGNATURE OR NAME Eunice L. Baker, Lee's Summit, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Pulmonary Thrombi		4 da
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Ca of both Pulmonary Thrombi - Primary Embolism		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			195X

19a. DATE OF OPERATION None	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 6-7, 1956, to 10-14, 1956, that I last saw the deceased alive on 10-14, 1956, and that death occurred at 9 A.M., from the causes and on the date stated above.

23a. SIGNATURE L. B. Knight (Degree or title) MD	23b. ADDRESS Lee's Summit Mo	23c. DATE SIGNED 10-15-56
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24a. BURIAL CREMATION (Specify) BURIAL	24b. DATE Oct. 16, 1956	24c. NAME OF CEMETERY OR CREMATORY Stone Jack	24d. LOCATION (City, town, or county) (State) Stone Jack, Mo.
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DATE REC'D BY LOCAL REG. 10-15-56	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE Langsford Funeral Home, Lee's Summit	ADDRESS MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD L. B. Knight

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 *N. B. Langford* _____

Licensed Embalmer No. 4962 _____

P. O. Address Lee's Summit, 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.