. Health,
& Welfare
. Public
h Service

S. 300
v. 1-57

FILED OCT 16 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 35649

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4517

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital — Length of stay in Ib 50 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City, Mo. — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 5000 Oak St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Daisy Middle: Last: Baker

4. DATE OF DEATH Month Day Year: Sept. 27, 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH Nov. 4, 1877

9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Asst. Sec.

10b. KIND OF BUSINESS OR INDUSTRY Assurance Business Mens

11. BIRTHPLACE (City and state or country) Kansas City, Kans.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Elil C Baker

13b. MOTHER'S MAIDEN NAME Anna Long

14. NAME OF HUSBAND OR WIFE XXXX

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 486-07-6738

17. INFORMANT Mrs. James P. Kirk Address 442 W. 62nd Terr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction, acute — INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) — 4201
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept 24, 1957, to Sept 27, 1957 and last saw her/him alive on Sept 27, 1957
Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. Donald McFarland (Degree or title) M.D.

22b. ADDRESS 315 Nichols Rd

22c. DATE SIGNED Sept 28, 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 9-30-57

23c. NAME OF CEMETERY OR CREMATORY Mt. Washington

23d. LOCATION (City, town, or county) Kansas City (State) Mo.

24. FUNERAL DIRECTOR Stine & McClure — **ADDRESS** 3235 Gillham Plaza

25. DATE RECD. BY LOCAL REG. 9-30-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

M. Donald Mc Farland

215 Olga [illegible]
No 1-1533

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 ..... Signed Eugene L [illegible]
Signature of Student Embalmer

Licensed Embalmer No. 4633

P. O. Address Kansas City

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.