

Health,  
& Welfare  
S. Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036249  
STATE FILE NUMBER  
4688

FILED OCT 23 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

S. 300  
v. 1-57

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  
MEDICAL CERTIFICATION  
F. A. Carmichael

|   |                                  |   |   |  |  |
|---|----------------------------------|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b> |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Kansas City</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY<br>OR<br>TOWN <b>Miami</b>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                         |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>St. Luke's Hospital</b>  |                                  | Length of stay in 1b<br><b>4 days</b>   | STREET ADDRESS (If outside, give location)<br><b>0976 R. F. D # 1</b>   |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                        |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>MR. JOE</b> Middle <b>BAKER</b> Last <b>BAKER</b>  |                                  |   | 4. DATE OF DEATH<br>Month <b>October</b> Day <b>5</b> Year <b>1958</b>  |  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Sept. 6, 1889</b>  |  | 9. AGE (In years last birthday)<br><b>69</b><br>IF UNDER 1 YEAR: Months Days<br>IF UNDER 24 HRS.: Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>farming</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Miami, Missouri</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |
| 13a. FATHER'S NAME<br><b>Edgar Baker</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Addie Bure</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Ella Baker</b> |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Unknown</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>490-42-7832</b>   | 17. INFORMANT<br>Address<br><b>Mrs. Ella Baker - Miami, Missouri</b>  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Vascular Accident</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Thrombosis - Hypertension</b><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Tonsillectomy</b> |                                  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 days</b>  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |  |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.   |                                  |   |   |  |  |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 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 <b>3 Oct - 58</b> and last saw him alive on <b>5 Oct 1958</b><br>Death occurred at <b>St. Luke's Hospital</b> on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>F. A. Carmichael M.D.</b>  |                                  |   | 22b. ADDRESS<br><b>Plaza Time Bldg.</b>   |  | 22c. DATE SIGNED<br><b>10-6-58</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |                                  | 23b. DATE<br><b>Oct. 6, 1958</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Miami Cemetery</b>   |  | 23d. LOCATION (City, town, or county) (State)<br><b>Miami, Missouri</b>                                      |
| 24. FUNERAL DIRECTOR<br>ADDRESS<br><b>Stine &amp; McClure Und. Co., K. C., Mo.</b>  |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><b>10-6-58</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>Irene Minshall</b>   |

OCT 23 1958



170 P. by the Body  
Je 1-3305

By Carmichael

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 *William M. Turner*

Licensed Embalmer No. *4048*

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.