Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001189

STATE FILE NUMBER

FEB 5 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 384

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits: Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Trinity Lutheran — Length of stay in 1b: 13 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes X No
d. STREET ADDRESS (If outside, give location): 5400 Swope Parkway — Reside on Farm: Yes No

3. NAME OF DECEASED (Type or print): First: HAROLD Middle: W. Last: BAKER

4. DATE OF DEATH Month: Jan Day: 18 Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: April 3, 1897

9. AGE (In years last birthday): ~~62~~ 61 — 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): Civil Engineer

10b. KIND OF BUSINESS OR INDUSTRY: City of Kansas City

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

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Forney Baker

13b. MOTHER'S MAIDEN NAME: Linna Gann

14. NAME OF HUSBAND OR WIFE: LaVeta Baker

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.: 491-22-3646

17. INFORMANT: LaVeta Baker Address: Kansas City, Missouri

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): Gastric hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Adenocarcinoma of stomach — 1 mo 2.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Broncho-pneumonia

19. WAS AUTOPSY PERFORMED? YES X 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 1-14-59, to 1-18-59 and last saw ~~her~~ him alive on 1-18-59
Depth occurred at 3:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Howard E. Linville (Degree or title) M.D.

22b. ADDRESS 1103 Grand Ave, K.C. Mo.

22c. DATE SIGNED 1-20-59

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

23b. DATE: Jan. 20, 1959

23c. NAME OF CEMETERY OR CREMATORY: Malta Bend Cemetery

23d. LOCATION (City, town, or county) (State): Malta Bend, Missouri

24. FUNERAL DIRECTOR ADDRESS: Stine - McClure, & Kansas City, Missouri

25. DATE RECD. BY LOCAL REG.: 1-21-59

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Howard E. Linville

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 Eugene L. [illegible]

Licensed Embalmer No. 4635

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.