

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018709

STATE FILE NUMBER

FILED MAY 27 1959 Registration District No. 280 Primary Registration District No. Registrar's No. 31

300
-57

1. PLACE OF DEATH a. COUNTY PLATTE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before <small>(date of admission)</small> a. STATE MISSOURI b. COUNTY PLATTE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PLATTE CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PLATTE CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb 68 YRS.	663 d. STREET ADDRESS (If outside, give location) 0		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JACOB Middle (NONE) Last BAKER			4. DATE OF DEATH Month MAY Day 10 Year 1959		
5. SEX M	6. COLOR OR RACE WH.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR. 6, 1891		9. AGE (In years, last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DEPUTY SHERIFF		10b. KIND OF BUSINESS OR INDUSTRY COUNTY SHERIFFS OFFICE	11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME HARVEY J. BAKER		13b. MOTHER'S MAIDEN NAME TEMPLE FISHER		14. NAME OF HUSBAND OR WIFE LENA HYMER BAKER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or No, if unknown) (If yes, give dates of service) Yes W.W.I.		16. SOCIAL SECURITY NO. 492-286123	17. INFORMANT Address LENA HYMER BAKER, PLATTE CITY, Mo.		
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion - mitral DUE TO (b) A. S. H. D. DUE TO (c) Generalized A. S. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				INTERVAL BETWEEN ONSET AND DEATH 10 y	
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 Hour _____ Month _____ Day _____ Year _____ 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 1947 to May, 1957 and last saw him alive on 5/10/59 Death occurred at 5:30 P.M. on the date stated above and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. Graham Burkhamel		22b. ADDRESS Platte City		22c. DATE SIGNED 5-12-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5-12-59		23c. NAME OF CEMETERY OR CREMATORY PLATTE CITY CEMETERY	
				23d. LOCATION (City, town, or county) (State) PLATTE CITY, Mo.	
24. FUNERAL DIRECTOR ROLLINS & MITCHELL, PLATTE CITY, Mo.		25. DATE RECD. BY LOCAL REG. May 12, 1959		26. REGISTRAR'S SIGNATURE B. Phia Rollins	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 27 1959

1959

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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

David M. Giffey

Licensed Embalmer No. 1925

P. O. Address *Platte City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.