URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 25 1959

59-032201

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1007 Registrar's No. 4480

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

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 ☐ No ☐
d. STREET ADDRESS 711½ W 14th (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Matt Middle OR MATO Last BAKKIN Baker
4. DATE OF DEATH Month 9 Day 13 Year 59
5. SEX male
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH app 72
9. AGE (last birthday) — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) unknown
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME unknown
13b. MOTHER'S MAIDEN NAME
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 499-10-0277
17. INFORMANT Joe Balano — Address 1400 Summit

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Broncho-pnuemonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Intertrochanteric of right hip due to fall
DUE TO (c) 9-1-59
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.) Patient stated that he fell in street
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 9-1-59
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.) Street
20f. CITY, TOWN, OR LOCATION Kansas City — COUNTY Jackson — STATE Mo.
21. I attended the deceased from 9-1-59, to 9-13-59 and last saw him alive on 9-13-59
Death occurred at 9:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Abraham Gelperin (Degree or title)
22b. ADDRESS 2400 Cherry
22c. DATE SIGNED 9-14-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-17-59
23c. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem
23d. LOCATION (City, town, or county) (State) K.C. Kans
24. FUNERAL DIRECTOR Sebbets Funeral Home — ADDRESS 901 E 5th
25. DATE RECD. BY LOCAL REG. 9-15-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Abraham Gelperin M.D. MEDICAL CERTIFICATION

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~or by~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Forrest D. Coldsm

Signature of Student Embalmer

Licensed Embalmer No. 4714

P. O. Address K. P. Ulc

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.