

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

874-61-005249
STATE FILE NUMBER

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

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

FILED VS MAR 3 1961

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in lb **3 wks.**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Jackson County Hosp.** 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 **Independence** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **15306 Mayes Road** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Lewis** Middle **Baker** Last **Baker**
4. DATE OF DEATH Month **Feb.** Day **16** Year **1961**

5. SEX **male** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **8/16/1870** 9. AGE (last birthday) **90**
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) **RETIRED FARMER** 10b. KIND OF BUSINESS OR INDUSTRY **FARMER** 11. BIRTHPLACE (City and state or country) **LIVINGSTON Co. Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **MICHAEL BAKER** 13b. MOTHER'S MAIDEN NAME **MARYONNE MARRON** 14. NAME OF HUSBAND OR WIFE **ALICE BEDWELL BAKER**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, **NO** unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT **CECIL BAKER 15306 MAYES RD. INDEP** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Cerebral vascular accident** INTERVAL BETWEEN ONSET AND DEATH **4 days**
DUE TO (b) **Cerebral arteriosclerosis** **unknown**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Fractured hip, broncho pneumonia**
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.)
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. p.m.
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 **1-26-61** to **2-16-61** and last saw her alive on **2-16-61**
Death occurred at **12:10** **A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) **[Signature]** 22b. ADDRESS **Independence, Mo** 22c. DATE SIGNED **2-16-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removed** 23b. DATE **2-17-61** 23c. NAME OF CEMETERY OR CREMATORY **McCullough Cem** 23d. LOCATION (City, town, or county) (State) **Tripletts Mo**

24. FUNERAL DIRECTOR **Pasley F.H. Liberty Mo** ADDRESS _____ 25. DATE RECD. BY LOCAL REG. **2-20-61** 26. REGISTRAR'S SIGNATURE **Ruth Song**

JUN 27 1961

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 John Parley

Licensed Embalmer No. 4308

P. O. Address Shelby 210

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.