# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-013609

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1675 STATE FILE NUMBER

FILED APR 26 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 1b: 48 Urs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4315 Monroe — 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 (If outside, give location) 4315 Monroe — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Milton Middle: Baker Last:
4. DATE OF DEATH Month Day Year: April 5, 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 48
9. AGE (last birthday): 12/14/12 — 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): Maintainance
10b. KIND OF BUSINESS OR INDUSTRY: Brd. Of Education
11. BIRTHPLACE (City and state or country): Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Jacob Baker
13b. MOTHER'S MAIDEN NAME: Dora Beiser
14. NAME OF HUSBAND OR WIFE: Dora Baker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) WWII (If yes, give war or dates of service)
17. INFORMANT Address: Dora Baker, 4315 Monroe K.C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia, Bronchial (bilateral) — few days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial failure (acute) — few hrs.
DUE TO (c)
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.)
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 4-4-61 to 4-5-61 and last saw her/him alive on 4-4-61
Death occurred at 6 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Bellfield Atcheson, MD
22b. ADDRESS 7210 Wornall Rd.
22c. DATE SIGNED 4-5-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/6/1961
23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Cemetry
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS J.P. Louis Funeral Home, K.C., Mo.
25. DATE RECD. BY LOCAL REG. 4-5-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION: Bellfield Atcheson

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
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BY AFFIDAVIT OF 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.