

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036256

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 73

Primary Registration District No. 3014

Registrar's No. 122

AMENDED

DECEASED NOV 4 1961

1. **COUNTY** Clay
 b. **CITY OR TOWN** Liberty Township Length of stay in 1b 9 years
 c. **FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION** Pleasant Valley, R#1 Inside Limits Yes No

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
 a. **STATE** Mo. b. **COUNTY** Clay
 c. **CITY OR TOWN** Liberty Inside Limits Yes No
 d. **STREET ADDRESS** (If outside, give location) Rt. #1, Pleasant Valley Reside on Farm Yes No

3. **NAME OF DECEASED** (Type or print) First Lorraine Middle Earl Last Baker

4. **DATE OF DEATH** Month November Day 7 Year 1961

5. **SEX** Male 6. **COLOR OR RACE** White 7. **Married** **Never Married**
Widowed **Divorced** 8. **DATE OF BIRTH** 12-28-1889 9. **AGE** (last birthday) 71
 IF UNDER 1 YEAR: Months 0 Days 0 Hours 0 Min. 0
 IF UNDER 24 HR: Hours 0 Min. 0

10a. **USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Farmer 10b. **KIND OF BUSINESS OR INDUSTRY** Farming 11. **BIRTHPLACE** (City and state or country) Plainville, Illinois 12. **CITIZEN OF WHAT COUNTRY** U.S.A.

13a. **FATHER'S NAME** Samuel A. Baker 13b. **MOTHER'S MAIDEN NAME** Virginia Hall 14. **NAME OF HUSBAND OR WIFE** Jennie Kilgore Baker

15. **WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown); (If yes, give war or dates of service) Yes Army WWII 16. **SOCIAL SECURITY NO.** 17. **INFORMANT** Mrs. Lorraine Baker, R#1, Liberty, Mo. 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) SUFFOCATION
 DUE TO (b) INHALATION OF WATER
 DUE TO (c) DROWNING
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. **OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH** but not related to the terminal disease condition given in PART I (a) MENTAL DEPRESSION + DESPONDANCY
 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.) VICTIM LEFT HOME AT 1:30 PM 11-7-61

20c. **TIME OF INJURY** Hour 2:00 PM Month, Day, Year 11-7-61 TALKING OF SUICIDE. FOUND IN SHOAL CREEK 3:10 PM 7-11-61

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.) IN CREEK 20f. **CITY, TOWN, OR LOCATION** PLEASANT VALLEY, CLAY CO., MISSOURI

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
 Death occurred at ON OR ABOUT 2 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** (Dee or title) Douglas Sankey, Deputy Sheriff ACTING CORONER 22b. **ADDRESS** 402 N. MAPLE, LIBERTY, MO 22c. **DATE SIGNED** 11-7-61

23a. **BURIAL, CREMATION, REMOVAL** (Specify) Removal 23b. **DATE** 11-13-1961 23c. **NAME OF CEMETERY OR CREMATORY** National Cemetery 23d. **LOCATION** (City, town, or county) (State) Fort Leavenworth, Kansas

24. **FUNERAL DIRECTOR** Pasley Funeral Home, Liberty, Mo. ADDRESS 11-11-1961 25. **DATE RECD. BY LOCAL REG.** 26. **REGISTRAR'S SIGNATURE** Mabel Graham

DATE AMENDED
 Y
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

NOV 22 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 Liberty, 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.