

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

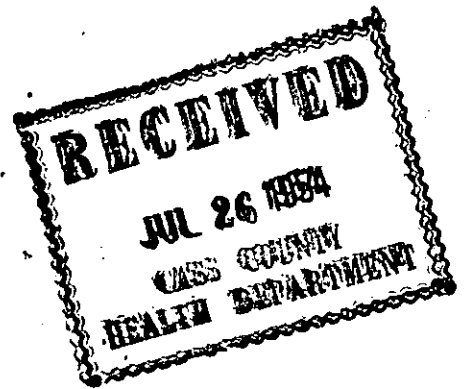
State File No. **22391**

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097** Registrar's No. **127**

019 10

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY OR TOWN Harrisonville		c. CITY OR TOWN Brownington	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS R. F. D. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		0420	
3. NAME OF DECEASED a. (First) CLARA		b. (Middle) _____	
c. (Last) BAKER		4. DATE OF DEATH (Month) July (Day) 17 (Year) 1954	
5. SEX F	6. COLOR OR RACE wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	8. DATE OF BIRTH Dec. 30 - 1901
9. AGE (in years last birthday) 52	10. MONTH 06 DAY 17	11. BIRTHPLACE (City and State or Foreign Country) Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Curt Dawson	
13b. MOTHER'S MAIDEN NAME Elisa Simpson		14. NAME OF HUSBAND OR WIFE Warren Baker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Ma Warren Baker		ADDRESS Brownington Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHIAL Asthma Severe	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Obesity - Atherosclerosis		WIDOW	
19a. DATE OF OPERATION ✓		19b. MAJOR FINDINGS OF OPERATION 241 X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from July 17, 1954 , to July 17, 1954 , that I last saw the deceased alive on July 17, 1954 , and that death occurred at 6:00 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE [Signature]		23b. ADDRESS Harrisonville Mo	
23c. DATE SIGNED July 17, 1954		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 7-20-54		24c. NAME OF CEMETERY OR CREMATORY Maplewood Cem	
24d. LOCATION (City, town, or county) (State) Brownington Mo		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE [Signature]		ADDRESS [Address]	
July 20, 1954			



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
Student Embalmer

Signed James R. Phillips
Licensed Embalmer No. 4641

P. O. Address Narisonville

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