

FILED MAR 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8309

BIRTH NO. <u>21713-51</u>		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>967</u>		
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY, Mo.</u>		c. LENGTH OF STAY (In this place) <u>10 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1414 E. 27</u> <u>3410</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FAIRMOUNT MATERNITY HOSPITAL</u>								
3. NAME OF DECEASED (Type or Print) <u>BABy</u>			a. (First)		b. (Middle)		c. (Last) <u>BAKER #3</u>	
4. DATE OF DEATH <u>MAR 2 1951</u>		(Month) (Day) (Year)		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never X married</u>		8. DATE OF BIRTH <u>MAR. 2-1951</u>		9. AGE (In years last birthday) <u>----</u>		IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>		
IF UNDER 24 HRS. Hours <u>10</u> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>----</u>		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MISSOURI</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>ALBERTA BAKER</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>FAIRMOUNT MATERNITY HOSPITAL</u> ADDRESS <u>1414 E. 27</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medical Certification</u> <u>Immaturity (Tuplet Birth)</u>				INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				774X		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>MAR 2</u> , 1951, to <u>MAR 2</u> , 1951, that I last saw the deceased alive on <u>MAR 2</u> , 1951, and that death occurred at <u>6:00 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Robert C. Jeffries</u> (Degree or title)				23b. ADDRESS <u>6314 Brookside Plaza</u>		23c. DATE SIGNED <u>3-2-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-5-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Co Mo</u>		
DATE REC'D BY LOCAL REG. <u>3-5-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A.P. Doehler</u> ADDRESS <u>Funeral Home X-C. Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

*not embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Russell N. France*

Licensed Embalmer No. *4255*

P. O. Address *K C Me*

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.