

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4835

State File No.

898

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>002</u>	Registrar's No. _____
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</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		
c. LENGTH OF STAY (in this place) <u>43 years</u>		d. STREET ADDRESS (If rural, give location) <u>3825 Elmwood Avenue</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3825 Elmwood Avenue</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest Floyd</u>		b. (Middle) _____		c. (Last) <u>Baker</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>February 24 1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 20, 1886</u>	9. AGE (In years last birthday) <u>65</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired 4 years</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Filling Station Attendant. Marysville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Zelia Rich</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Frances Dickens</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-20-8204</u>		17. INFORMANT'S SIGNATURE AND ADDRESS <u>Mrs. Frances Dickens Kansas City, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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 <u>Jan 30, 1950</u> , to <u>Feb 24, 1952</u> , that I last saw the deceased alive on <u>Feb 24, 1952</u> , at <u>15 P</u> m., and that death occurred at <u>15 P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>R. M. Lilley</u>		23b. ADDRESS <u>3915 Main, Kansas City, Mo.</u>		23c. DATE SIGNED <u>Feb 25, 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 26, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington Cemetery</u>
24d. LOCATION (City, town, or county) <u>Kansas City, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>2-26-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>D.W. Newcomer's Sons 1331 Brush Creek Kansas City, 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Charles H. Stickney.....

Licensed Embalmer No. 45600.....

P. O. Address K.P. Inc.....

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.