

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44443

No. 300
10.48

State File No. _____
Registrar's No. **5709**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **002**

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) OR TOWN About 8 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3233 Lockridge		d. STREET ADDRESS (If rural, give location) 3233 Lockridge	

08
3500

3. NAME OF DECEASED (Type or Print) a. (First) EDWARD	b. (Middle)	c. (Last) BAKER	4. DATE OF DEATH (Month) (Day) (Year) Dec. 24, 1952
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 23, 1891	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY U.S. Gypsum Paper		11. BIRTHPLACE (City and State or Foreign Country) Harrington, Miss.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Archie Baker	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Zenobia Baker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 513-01-9773	17. INFORMANT'S SIGNATURE OR NAME Mrs. Zenobia Baker	ADDRESS 3233 Lockridge
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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) Acute Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 12 hours
	ANTECEDENT CAUSES DUE TO (b) Cerebral hemorrhage		
	DUE TO (c) Lipentemia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			11 days
			4 years
			331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 the 13, 1952, to the 24, 1952, that I last saw the deceased alive on the 24, 1952, and that death occurred at 3:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE Carl T. Moore (Degree or title) Dr. DO	23b. ADDRESS 6425 E. 37th K.P.3 Mo	23c. DATE SIGNED 12-29-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/29/52	24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 12-29-52	REGISTRAR'S SIGNATURE Sheraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Ed Sterling	ADDRESS 12 Vine
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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 E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine, Kansas City,

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.