V.S. No. 300
Rev. 10-48

FILED OCT 15 1953

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 31674
Registrar's No. 4677

BIRTH NO. ______ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

**1. PLACE OF DEATH**
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY,
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 5734 Paseo

**3. NAME OF DECEASED** (Type or Print)
a. (First): KINZIE
b. (Middle): M.
c. (Last): BAKER

**4. DATE OF DEATH** (Month) (Day) (Year): September 29, 1953

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never married
**8. DATE OF BIRTH**: March 25, 1903
**9. AGE** (In years last birthday): 50 years — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Laborer
**10b. KIND OF BUSINESS OR INDUSTRY**: Rubber Company
**11. BIRTHPLACE** (City and State or Foreign Country): Memphis, Tennessee
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Charles A. Baker
**13b. MOTHER'S MAIDEN NAME**: Ida M. Moore
**14. NAME OF HUSBAND OR WIFE**: None

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWII
**16. SOCIAL SECURITY NO.**: 487074135
**17. INFORMANT'S SIGNATURE OR NAME / ADDRESS**: Winifred Weatherman, 5734 Paseo, K.C.M). VA Hospital Records, Kansas City, Missouri

### MEDICAL CERTIFICATION

**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.*

| | Cause | Interval between onset and death |
|---|---|---|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | Cerebral vascular accident, unknown type | 1 day |
| 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* | Cirrhosis Liver | 22 months |
| | Carcinoma of Bladder | 1 year |

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES [ ] NO [ ]

**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) m.: VA
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**

**22.** *I hereby certify that I attended the deceased from* Sept. 26, 1953, *to* Sept. 29, 1953, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX *and that death occurred at* 8:00 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): THOMAS J. RANKIN, M.D.
**23b. ADDRESS**: 4801 Linwood Blvd.
**23c. DATE SIGNED**: 9-29-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 9-29-53
**24c. NAME OF CEMETERY OR CREMATORY**: Osborne, Missouri
**24d. LOCATION** (City, town, or county) (State): Plattsburg, Missouri

**DATE REC'D BY LOCAL REG.**: 9-29-53
**REGISTRAR'S SIGNATURE**: Geraldine Smith
**25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS**: STINE & McCLURE UND. CO. K.C.MO.

(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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4633

P. O. Address 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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