

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8485**
Registrar's No. **877**

FILED MAR 18 1954 REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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 Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 mos.		e. STREET ADDRESS (If rural, give location) 5529 Suwanee 8150 8	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Elms N.H., 1310 Armour		f. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) SUSAN		a. (First) SUSAN	b. (Middle) BAKER
c. (Last) BAKER		4. DATE OF DEATH (Month) (Day) (Year) Feb. 26, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 18, 1871
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	11. BIRTHPLACE (City and State or Foreign Country) Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Edmond N. Morrill	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Carolyn J. Nash	14. NAME OF HUSBAND OR WIFE C. B. Baker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Dorothy Gelda, 5529 Suwanee, K.C., KS.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic renal Disease INTERVAL BETWEEN ONSET AND DEATH 3-6 yrs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis 1953 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201	
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) m.		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 about , 1872, to Feb. 26, 1954 , that I last saw the deceased alive on 2/24, 1954 , and that death occurred at 4 A. m., from the causes and on the date stated above.			
23a. SIGNATURE J. J. Farnsworth (Degree or title) M.D.		23b. ADDRESS 1103 Grand K.C. MO	
23c. DATE SIGNED 2/26/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 2-28-54		24c. NAME OF CEMETERY OR CREMATORY —	
24d. LOCATION (City, town, or county) (State) Hiawatha, Kansas		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO. ADDRESS K.C. MO.	
DATE REC'D BY LOCAL REG. 2-26-54		REGISTRAR'S SIGNATURE Steraldine Smith	

Wm. J. G. Thurnham
730 Professional Bldg.
Vi. 3434

TOL 51

About 2:00

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..... *F. S. Walton*

Licensed Embalmer No. *27*

P. O. Address..... *K. C. M.*

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.