

FILED APR 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8486

State File No. ....

1370

BIRTH NO. .... REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Randall City &amp; No.</u> |  | c. CITY OR TOWN <u>Kansas City</u>  |  |
| c. LENGTH OF STAY (in this place)   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>        |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>2847 Jarboe</u>   |  | STREET ADDRESS (If rural, give location)<br><u>2847 Jarboe</u> <u>3458</u>  |  |

|  |                        |   |  |
|--|------------------------|---|--|
| 3. NAME OF DECEASED<br>(Type or Print)   |                        | 4. DATE OF DEATH  |  |
| a. (First) <u>Terry</u>  | b. (Middle) <u>Lee</u> | c. (Last) <u>Baker</u>  |  |
| 5. SEX <u>Male</u>   |                        | 6. COLOR OR RACE <u>White</u>   |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)   |                        | 8. DATE OF BIRTH <u>6-28-50</u>   |  |
| 9. AGE (In years last birthday) <u>3</u>   |                        | 10. IF UNDER 1 YEAR Month <u>8</u> Day <u>28</u>  |  |
| 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Penn. 1</u>   |                        | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u>   |  |
| 13a. FATHER'S NAME<br><u>James Baker</u>   |                        | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Bower</u>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><u>None</u>   |                        | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  |
| 16. SOCIAL SECURITY NO.<br><u>None</u>   |                        | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mary Baker</u>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |                        | 19. MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meningoencephalitis, acute</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |                        | 21. INTERVAL BETWEEN ONSET AND DEATH<br><u>0511</u>   |  |

|   |  |   |
|---|--|---|
| 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 9A m., from the causes and on the date stated above.

|  |  |                                    |
|--|--|------------------------------------|
| 23a. SIGNATURE<br><u>G. O. Kealhofer</u> (Degree or title) | 23b. ADDRESS<br><u>4050 Bidlawy Road</u> | 23c. DATE SIGNED<br><u>3-26-54</u> |
|--|--|------------------------------------|

|   |                             |  |   |
|---|-----------------------------|--|---|
| 24a. BURIAL CREMATION REMOVAL (Specify) | 24b. DATE<br><u>3-29-54</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Calvary</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Kan.</u> |
|---|-----------------------------|--|---|

|  |   |  |         |
|--|---|--|---------|
| DATE REC'D BY LOCAL REG.<br><u>3-27-54</u> | REGISTRAR'S SIGNATURE<br><u>Geraldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>D. G. Weiler, L.C. &amp; M.</u> | ADDRESS |
|--|---|--|---------|

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

*Meningococci*

*W 2432*

**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 *George E. Feeney*

Licensed Embalmer No. *490*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.