

FILED JUL 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22912
2885

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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>MO.</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 OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>7 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>1910 WALROND</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL NO. ONE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNIE</u> b. (Middle) _____ c. (Last) <u>BAKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-25-54</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>11-4-80</u>	9. AGE (In years last birthday) <u>73</u>	If UNDER 1 YEAR: Months _____ Days _____ If OVER 1 YEAR: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State of Foreign Country) <u>Liverpool England</u>		12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME <u>John H. Hughes</u>	13b. MOTHER'S MAIDEN NAME <u>Charlotte Lewis</u>	14. NAME OF HUSBAND OR WIFE <u>Peter H. Baker</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Peter H. Baker 1910 Walrond</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RECENT THROMBOSIS OF BASILAR ARTERY</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>OCCCLUSION OF LEFT MIDDLE CERVICAL ARTERY WITH LARGE ENCEPHALOMALACIA</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 checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (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 6-25, 1954, to 6-25, 1954, that I last saw the deceased alive on 6-25, 1954, and that death occurred at 4:10 PM from the causes and on the date stated above.

23a. SIGNATURE <u>B.I. Burns</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>General Hospital # 1</u>	23c. DATE SIGNED _____
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/26/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Topeka Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Topeka Kansas</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DW Newcomer Sons Kansas City Mo</u>	DATE REC'D BY LOCAL REG. <u>6-26-54</u>
REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		

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 *Chester K Brown*

Licensed Embalmer No. *49*

P. O. Address *KE. 17*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.