

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 50 years		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		e. STREET ADDRESS (If rural, give location) 5601 Lookout Street 01170	

3. NAME OF DECEASED (Type or Print) a. (First) Almira b. (Middle) L. c. (Last) Baker			4. DATE OF DEATH (Month) (Day) (Year) February 2, 1955				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH September 3, 1876	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Buchanan County, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME William D. James		13b. MOTHER'S MAIDEN NAME Nancy Duncan		14. NAME OF HUSBAND OR WIFE Breash M.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Geo. Cross, R. R. #6, St. Joseph, Mo	

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* a. Acute Cardiac Decompensation		Ukn.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease		
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Malignancy - right kidney Conditions contributing to the death but not related to the disease or condition causing death.		Ukn.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200H		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)	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 1-29 19 55, to 2-2 19 55, that I last saw the deceased alive on 2-1 1955, and that death occurred at 5:30a. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Alma W. Stearns MD</i>	(Degree or title) MD	23b. ADDRESS Tottle Building St. Joseph, Mo.	23c. DATE SIGNED 2-2-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2/5/1955	24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge	24d. LOCATION (City, town, or county) (State) Buchanan County, Missouri
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DATE REC'D BY LOCAL REG. Feb 10, 1955	REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>	485	25. FUNERAL DIRECTOR'S SIGNATURE <i>Norton Bowman</i>	ADDRESS St Joseph Mo
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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 *Eugene Wood*.....

Licensed Embalmer No. *3804*

P. O. Address *319 South St.*

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.