

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40402

State File No.

FILED JAN 11 1956

5219

BIRTH NO. 1423180934-55 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>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY.</u>		c. LENGTH OF STAY (In this place) <u>1 hr.</u>	c. CITY OR TOWN <u>LIBERTY</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WONLEY MATERNITY HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>R.R. #3 PARENTS</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dale</u> b. (Middle) <u>MYRON</u> c. (Last) <u>BAKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11 26 55</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>
7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED (Specify)) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>11-26-55</u>
9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>DALE MYRON BAKER</u>	13b. MOTHER'S MAIDEN NAME <u>ELEANOR ELAINE WILLIAMS</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dale Myron Baker</u> ADDRESS <u>Liberty, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr 24 min</u>
	ANTECEDENT CAUSES DUE TO (b) <u>intra uterine hypoxia</u>		
	DUE TO (c) <u>asphyxiation during breech extraction</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>difficult delivery</u>		7/6/10	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from ALVIN, 1955, to 26 Nov, 1955, that I last saw the deceased alive on 26 Nov, 1955, and that death occurred at 3:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Wilbur T. Hill</u> (Degree or title)	23b. ADDRESS <u>Liberty, Mo.</u>	23c. DATE SIGNED <u>26 NOV 55</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>11-29-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Liberty, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-1-55</u>	REGISTRAR'S SIGNATURE <u>Newman Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Isabel Parley Funeral Home</u> ADDRESS <u>Liberty Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

ASH TO ...

1-24

AN-1-0383

1/14/11

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 *John Parley* Licensed Embalmer No. 4308

P. O. Address *Liberty, Mo*

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.