

FILED MAR 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9420

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5568		Registrar's No. 127	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY OR TOWN <b>Independence</b>		c. LENGTH OF STAY (in this place) <b>35 Yrs.</b>		c. CITY OR TOWN <b>Independence</b>		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 <b>24 High Way. &amp; Cogan Rd.</b>				e. STREET ADDRESS (If rural, give location) <b>24 High Way. &amp; Cogan Rd. 700 0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b> b. (Middle) <b>Michael</b> c. (Last) <b>Baeschlin</b>			4. DATE OF DEATH <b>March 9 1956</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>2 June 1898</b>		9. AGE (in years last birthday) <b>57</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. High Way</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>New York, New York.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>E. Baeschlin</b>			13b. MOTHER'S MAIDEN NAME <b>Unknwon</b>		14. NAME OF HUSBAND OR WIFE <b>Never Married</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-10-4584</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Josephine Baeschlin</b> ADDRESS <b>Cogan RD. Indep. Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of the stomach</b> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cancer of the liver</b>							
19a. DATE OF OPERATION <b>12-22-56</b>		19b. MAJOR FINDINGS OF OPERATION <b>Mild state</b>				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) <b>151X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>John P. Green MD</b> (Degree or title)				23b. ADDRESS <b>129 W. Lexington</b>		23c. DATE SIGNED <b>3-10-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12 March 56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Salem</b>		24d. LOCATION (City, town, or county) (State) <b>Independence, Missouri.</b>		
DATE REC'D BY LOCAL REG. <b>3-11-56</b>		REGISTRAR'S SIGNATURE <b>James Keiser</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Floral Hills Memorial Chapels K.C. Mo.</b>			

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**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.....  
*Lloyd C. M. ...*

Licensed Embalmer No. 485

P. O. Address.....  
N. C.

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.