

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23586**
2869

FILED JUL 18 1956

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 60 YEARS	c. CITY OR TOWN KANSAS CITY	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 THE MENORAH MEDICAL CENTER		e. STREET ADDRESS (If rural, give location) 5924 PASEO 8918	

3. NAME OF DECEASED (Type or Print) a. (First) HARRY	b. (Middle) H.	c. (Last) BAKER	4. DATE OF DEATH (Month) (Day) (Year) 6 - 29 - 56
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-25-85	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work or business last of working life, or, if retired, CONSTRUCTION ENGINEER)	10b. KIND OF BUSINESS OR INDUSTRY PATTI CONSTRUCTION COMPANY	11. BIRTHPLACE (City and State or Foreign Country) NODAWAY MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME GEORGE BAKER	13b. MOTHER'S MAIDEN NAME ALICE HARDIN	14. NAME OF HUSBAND OR WIFE Mrs. EDITH BAKER
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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. 510-05-0756	17. INFORMANT'S SIGNATURE OR NAME Mrs. EDITH BAKER ADDRESS 5924 THE PASEO KANSAS CITY MO.
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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, ashenia, 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) RECENT AND older Cerebral infarctions		over 1 yr.
	ANTECEDENT CAUSES DUE TO (b) SEVERE CEREBRAL ARTERIOSCLEROSIS		?
DUE TO (c) _____		332 X	
II. OTHER SIGNIFICANT CONDITIONS PULMONARY EMPHYSEMA COR PULMONALE		?	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 6-20, 1956, to 6-29, 1956, that I last saw the deceased live on 6-29, 1956, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE Walter P. Jacob (Degree or title) M.D.	23b. ADDRESS 701 E G 3	23c. DATE SIGNED 6/29/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 2 1956	24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 7-2-56	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newcome ADDRESS 1331-BASH CREEK KANSAS CITY MO.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD
Walter P. Jacob

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.....
Basil P. Honey

Licensed Embalmer No. *A 77*

P. O. Address.....
J.C., 97

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.