

STANDARD CERTIFICATE OF DEATH

State File No. 26774

FILED AUG 29 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3134

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| 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 (If outside corporate limits, write RURAL and give OR TOWN Kansas City) | | c. LENGTH OF STAY (in this place) township) 52 yrs. | | 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 7220 Summit | | | | STREET ADDRESS (If rural, give location) 7220 Summit | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) EDWARD | | b. (Middle) PHARIS | | c. (Last) BAKER | | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 5, 1956 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Feb. 18, 1868 | |
| 9. AGE (In years last birthday) 88 | | 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) Cashier (Retired) | | | | 10b. KIND OF BUSINESS OR INDUSTRY K.C. Power & Light | | 11. BIRTHPLACE (City and State or Foreign Country) Johnson County, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | | | |
| 13a. FATHER'S NAME William Baker | | | 13b. MOTHER'S MAIDEN NAME Mariam McFarrin | | | 14. NAME OF HUSBAND OR WIFE Mrs. Della Baker | |
| 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 ADDRESS Mrs. Della Baker, 7220 Summit, K.C., 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 | | | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Hepatoma of liver (n.m.o.) | | | | | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| INTERVAL BETWEEN ONSET AND DEATH 4 months | | | | | | | |
| 19a. DATE OF OPERATION 6/20/56 | | 19b. MAJOR FINDINGS OF OPERATION Malignant Hepatoma of liver | | | | 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) m. | | | | 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 6/20/56 , 19___, to 8/5 , 19 56 , that I last saw the deceased alive on 8/4 , 19 56 , and that death occurred at 11:30 A. M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Edward H. Klein (Degree or title) M.D. | | | | 23b. ADDRESS Plaza Med. Bldg KC-12-mo | | 23c. DATE SIGNED 8/6/56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment | | 24b. DATE Aug. 7, 1956 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Mausoleum | | 24d. LOCATION (City, town, or county) (State) Jackson County, Missouri. | |
| DATE REC'D BY LOCAL REG. 8-7-56 | | REGISTRAR'S SIGNATURE New Marshall | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary, Kansas City, Missouri. | | |

(Licensed Embalmer's Statement on Reverse Side)

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

PLAZA MED. BLDG.
10-1-3150
1:30 - 5-0000

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 *Walter H. Erwin*

Licensed Embalmer No. *4352*

P. O. Address *K. C. M.*

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.