

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41342**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5714**

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 township) OR TOWN **Kansas City** c. LENGTH OF STAY (in this place) **Life** c. CITY OR TOWN **Kansas City** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **3947 Bellfontaine** STREET ADDRESS (If rural, give location) **3947 Bellfontaine**

3. NAME OF DECEASED (Type or Print) a. (First) **Lillian** b. (Middle) _____ c. (Last) **Baker** 4. DATE OF DEATH (Month) **Dec** (Day) **29** (Year) **1956**

5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed** 8. DATE OF BIRTH **Feb. 10, 1886** 9. AGE (In years last birthday) **70** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 11 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Home** 11. BIRTHPLACE (City and State or Foreign Country) **Kansas City, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Andrew C. Roth** 13b. MOTHER'S MAIDEN NAME **Sophia Meckel** 14. NAME OF HUSBAND OR WIFE **H. Ward Baker (dec)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **NO** (If yes, give year or dates of service) **None** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. F. M. Mooney** ADDRESS **37 E 54th 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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Vasculary Disease & congestive heart failure**
ANTECEDENT CAUSES (b) **General Atherosclerosis**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) **Hypertensive Heart Disease**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Dec 10, 1956** to **Dec 24, 1956**, that I last saw the deceased alive on **Dec 24, 1956**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **Ed. C. Teubel** (Degree or title) _____ 23b. ADDRESS **Mo. 4304 Inwood Rd. Dec 31/56** 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Jan 2, 1957** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **1-2-57** REGISTRAR'S SIGNATURE **Neva Marshall** 25. FUNERAL DIRECTOR'S SIGNATURE **Stine & McClure** ADDRESS **K.C. Mo.**

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

Mr. F.C. Leibel

4307 Trowst ← after 2 P.M.

Je 14924

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..... *J.T. Crowell*

Licensed Embalmer No..... 49

P. O. Address..... *H.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.