

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008725

STATE FILE NUMBER

1038

FILED MAR 19 1959

Registration District No. 393 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Clay</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>RAY</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Richmond</i> 08910 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>45th MONTGALL</i>		Length of stay in lb <i>1 DAY</i>	d. STREET ADDRESS (If outside, give location) <i>452 E. BLACK DIAMOND</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>John CLIFTON BAKER</i>			4. DATE OF DEATH Month Day Year <i>Feb 24 1959</i>
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>AUG 21 1922</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Mid West Precote Co</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>RAY COUNTY, MO</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>OLIVER BAKER</i>		13b. MOTHER'S MAIDEN NAME <i>ORA DAY THOMPSON</i>	14. NAME OF HUSBAND OR WIFE <i>Lois BAKER</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> or unknown) (If yes, give year or dates of service) <i>WW2</i>		16. SOCIAL SECURITY NO. <i>486-26-0126</i>	17. INFORMANT <i>MRS. Lois BAKER</i> Address <i>Richmond, Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Crushed Chest</i> Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) <i>Airt Insect DAVE - IN of Sewer ditch -</i> <i>pushing him between dirt and</i> DUE TO (c) <i>Jack Hammer</i> <i>89108</i>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Cave in of sewer ditch.</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. <i>2-24-59</i> p.m.		20f. CITY, TOWN, OR LOCATION <i>123</i> <i>Kansas City, Clay, Mo.</i>	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, city street, office bldg., etc.) <i>Ditch</i>	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Dos. Pate M.D. Coroner</i>		22b. ADDRESS <i>North Kansas City, Mo</i>	22c. DATE SIGNED <i>2/25/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>2-25-59</i>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <i>Richmond, Mo.</i>
24. FUNERAL DIRECTOR <i>Quest Lyle Richmond, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>2-25-59</i>	26. REGISTRAR'S SIGNATURE <i>Neal Minshall</i>

health, Welfare public service
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 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 O. S. Pate
 All diseases in Part I must be causally related.



MAR 19 1959

MS
MAR 25 1959

APR 9 1959

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 *Glen A. Hill*

Licensed Embalmer No. *4586*
P. O. Address..... *R. C. 16, 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.