

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018708

STATE FILE NUMBER

FILED MAY 18 1959

Registration District No. 280 Primary Registration District No.

Registrar's No. 29

300
1-57

1. PLACE OF DEATH a. COUNTY PLATTE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PLATTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CARROLL TWP.		c. CITY OR TOWN PLATTE CITY	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb 91 YRS.	
1		083 d. STREET ADDRESS (If outside, give location) R.R. 2	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED First Middle Last DILLARD (NONE) BAKER			4. DATE OF DEATH Month Day Year MAY 7, 1959
5. SEX M	6. COLOR OR RACE W.H.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 15, 1867
9. AGE (In years last birthday) 91		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY OWN FARM	11. BIRTHPLACE (City and state or country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME JAMES M. BAKER		13b. MOTHER'S MAIDEN NAME SARAH TUDOR	14. NAME OF HUSBAND OR WIFE MOLLIE 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. 495-42-6594	17. INFORMANT Address JACK BAKER, PLATTE CITY, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A. S. H. D. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis 5 y DUE TO (c) Myocardial Infarction PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal illness conditions given in PART I (a) Coronary Arteriosclerosis 4280			INTERVAL BETWEEN ONSET AND DEATH 5 y
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6/4/59 to 1959 and last saw him alive on 5/17/59 Death occurred at 6 AM 5/18/59 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Herbert A. ...		22b. ADDRESS Platte City, Mo	22c. DATE SIGNED 5/18/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-9-59	23c. NAME OF CEMETERY OR CREMATORY HAMPTON CEMETERY	23d. LOCATION (City, town, or county) (State) PLATTE COUNTY, MO.
24. FUNERAL DIRECTOR ADDRESS ROLLINS & MITCHELL, PLATTE CITY, MO		25. DATE RECD. BY LOCAL REG. May 9-1959	26. REGISTRAR'S SIGNATURE Alpha Rollins

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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 Roland M. Giffey

Licensed Embalmer No. 4725
P. O. Address Platte City, 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.