

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021192

FILED JUL 13 1959 Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER Registrar's No. 3054

|   |                                  |   |  |  |   |
|---|----------------------------------|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>LACLEDE</b> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>KANSAS CITY</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>LEBANON</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>VA HOSPITAL</b>   |                                  | Length of stay in 1b.<br><b>87 DAYS</b>   | d. STREET ADDRESS (If outside, give location)<br><b>0532</b>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED (Type or print)<br>First <b>CHARLES</b> Middle <b>ROBERT</b> Last <b>BAKER</b>  |                                  |   | 4. DATE OF DEATH <b>JUNE 22, 1959</b><br>Month Day Year  |  |   |
| 5. SEX<br><b>MALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>8-15-91</b>   | 9. AGE (In years last birthday)<br><b>67</b> | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>ENGINEER * RETIRED</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>SHELDON, MISSOURI</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |
| 13a. FATHER'S NAME<br><b>FRANK BAKER</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>ANNIE HAYDEN</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>PEARL</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>YES WW I &amp; WW II</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>702-09-0282</b>   | 17. INFORMANT Address<br><b>Official Records VA Hospital, K.C., Mo.</b>  |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pulmonary emphysema and anoxia</b>  |                                  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |                                  |   |  |  |   |
| DUE TO (b) _____  |                                  |   |  |  |   |
| DUE TO (c) _____  |                                  |   |  |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |                                  |   |  |  | 19. WAS AUTOPSY PERFORMED?<br>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.)<br><b>ITEM 23c, 23d CORRECTED</b>             |  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.   |                                  |   | BY AFFIDAVIT OF <b>Wife</b><br><b>9/7/59 del</b>   |  |   |
| 20d. INJURY OCCURRED WHILE AT <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    |   |
| <b>VA</b>   |                                  |   |  |  |   |
| 21. attended the deceased from <b>March 27, 1959</b> to <b>June 22, 1959</b> <b>VA Hospital, K.C., Mo.</b><br>Death occurred at <b>9:30 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |  |   |
| 22a. SIGNATURE <b>David Lasley</b><br><b>DAVID LASLEY, M. D.</b>  |                                  |   | 22b. ADDRESS<br><b>VA Hospital, K.C., Mo.</b>  |  | 22c. DATE SIGNED<br><b>6-22-59</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   |                                  | 23b. DATE   |  | 23c. NAME OF CEMETERY OR CREMATORY           |   |
| <b>BURIAL</b>   |                                  | <b>June 24-59</b>   |  | <b>National Cemetery Lebanon Missouri</b>    |   |
| 24. FUNERAL DIRECTOR<br><b>Muehlebach</b>   |                                  | ADDRESS<br><b>6800 Troost</b>   |  | 25. DATE RECD. BY LOCAL REG. <b>6-23-59</b>  |   |
| 26. REGISTRAR'S SIGNATURE<br><b>neva minshall</b>   |                                  |   |  |  |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

6500 8 7 700

99 7 15 100

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 *R. E. Nichols* .....

Licensed Embalmer No. *4997* .....

P. O. Address *K. C. Ind.* .....

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.