

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5209-62-038562
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5209

FILED OCT 25 1962

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Geo. W. Wisco

1. PLACE OF DEATH a. COUNTY <p style="text-align: center; font-size: 1.2em;">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived... If institution: Residence before admission) a. STATE Missouri; b. COUNTY Bates			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p style="text-align: center; font-size: 1.2em;">Kansas City</p>		Length of stay in 1b <p style="text-align: center; font-size: 1.2em;">6 Hours</p>		c. CITY OR TOWN <p style="text-align: center; font-size: 1.2em;">Butler</p>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <p style="text-align: center; font-size: 1.2em;">Saint Lukes Hospital</p>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <p style="text-align: center; font-size: 1.2em;">213 S. Mechanic</p>	
3. NAME OF DECEASED (Type or print) First Middle Last <p style="text-align: center; font-size: 1.2em;">Gelisha Lynn Baker</p>			4. DATE OF DEATH Month Day Year <p style="text-align: center; font-size: 1.2em;">October 15 1962</p>		
5. SEX <p style="text-align: center; font-size: 1.2em;">Female</p>	6. COLOR OR RACE <p style="text-align: center; font-size: 1.2em;">White</p>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <p style="text-align: center; font-size: 1.2em;">10-13-62</p>	9. AGE (last birthday) <p style="text-align: center; font-size: 1.2em;">2 Days</p>	IF UNDER 1 YEAR Months 2 Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center; font-size: 1.2em;">Child</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center; font-size: 1.2em;">Child</p>		11. BIRTHPLACE (City and state or country) <p style="text-align: center; font-size: 1.2em;">Butler, Missouri</p>	
12. CITIZEN OF WHAT COUNTRY <p style="text-align: center; font-size: 1.2em;">USA</p>		13a. FATHER'S NAME <p style="text-align: center; font-size: 1.2em;">Jerry Baker</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center; font-size: 1.2em;">Eleanor Ruth Highley</p>	
14. NAME OF HUSBAND OR WIFE <p style="text-align: center; font-size: 1.2em;">Never Married</p>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center; font-size: 1.2em;">No</p>		16. SOCIAL SECURITY NO. <p style="text-align: center; font-size: 1.2em;">None</p>	
17. INFORMANT <p style="text-align: center; font-size: 1.2em;">Jerry Baker</p>		Address <p style="text-align: center; font-size: 1.2em;">213 S. Mechanic Butler, Mo.</p>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <p style="font-size: 1.5em; font-family: cursive;">Respiratory distress syndrome</p>					INTERVAL BETWEEN ONSET AND DEATH <p style="font-size: 1.5em; font-family: cursive;">18hr</p>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <p style="font-size: 1.5em; font-family: cursive;">cerebral anoxia</p>					<p style="font-size: 1.5em; font-family: cursive;">18hr</p>
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. Month, Day, Year					
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 <u>10-13-62</u> to <u>10-15-62</u> and last saw her/him alive on <u>10-15-62</u> . Death occurred at <u>2:30 AM on 10-15-62</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <p style="font-size: 1.5em; font-family: cursive;">Geo W Wisco MD</p>		(Degree or title)		22b. ADDRESS <p style="font-size: 1.5em; font-family: cursive;">Plaza Parkway Bldg KC, Mo</p>	22c. DATE SIGNED <p style="font-size: 1.5em; font-family: cursive;">10-15-62</p>
23a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center; font-size: 1.2em;">Removal</p>	23b. DATE <p style="text-align: center; font-size: 1.2em;">10-15-62</p>	23c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center; font-size: 1.2em;">Oak Hill</p>		23d. LOCATION (City, town, or county) (State) <p style="text-align: center; font-size: 1.2em;">Butler, Missouri</p>	
24. FUNERAL DIRECTOR <p style="text-align: center; font-size: 1.2em;">Stine & McClure Kansas City, Missouri</p>		ADDRESS		25. DATE RECD. BY LOCAL REG. <p style="text-align: center; font-size: 1.2em;">10-15-62</p>	26. REGISTRAR'S SIGNATURE <p style="font-size: 1.5em; font-family: cursive;">Ruth Pong</p>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

Dr. George Blair
L-01-6060
Alger Abney Bliss
1130 S. 5th
191

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 *William M. Turner*

Licensed Embalmer No. *4648*
P. O. Address *Kansas 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.