

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039769

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5666

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 4 1963

VS 300 Rev. 4/59	DATE AMENDED
1	
2 <u>3808</u>	
3	
4 <u>1</u>	
5 <u>2</u>	
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8 <u>2</u>	
<u>9410X</u>	
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12 <u>50-0</u>	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 23 Years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Memorial Hosp.		c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		d. STREET ADDRESS (If outside, give location) 5835 Woodland Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HELEN Middle THERESA Last BARON			4. DATE OF DEATH Month October Day 19 Year 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-11-1892
9. AGE (last birthday) 71		IF UNDER 1 YEAR Months 71 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paseo High School		10b. KIND OF BUSINESS OR INDUSTRY Cafeteria	11. BIRTHPLACE (City and state or country) Creston, Iowa
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Edmond J. Hasking	
13b. MOTHER'S MAIDEN NAME Mary E. Dailey		14. NAME OF HUSBAND OR WIFE Louis F. Baron	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Mrs. C.J. Hessel 8451 Douglas Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Tachycardia			INTERVAL BETWEEN ONSET AND DEATH unknown
DUE TO (b) Right-sided Heart Failure			3 days.
DUE TO (c) Mitral Valve Stenosis			20+ years.
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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 12:20 s.m. P Month, Day, Year 19 October 1963		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 Kansas City COUNTY Missouri STATE Missouri	
21. I attended the deceased from 10 October to 19 October 1963 and last saw her 19 October 1963 alive on 19 October 1963 . Death occurred at 12:20 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or title) Raymond F. Stone, M.D.		22b. ADDRESS 7949 State Line, K.C. 14, MO	
22c. DATE SIGNED 21 Oct 63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-22-1963	
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		23d. LOCATION (City, town, or county) (State) Kansas City Missouri	
24. FUNERAL DIRECTOR Muehlebach ADDRESS 6800 Troost		25. DATE RECD. BY LOCAL REG. 10-21-63	
26. REGISTRAR'S SIGNATURE Bessie Smith			

USE BLACK INK OR TYPEWRITER RIBBON

Dr Walter Stelmach
7951 State Lane
HI-4-7367
anytime after 1200

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 *Robert G. Landes*

Licensed Embalmer No. 5103
P. O. Address *A.C. 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.

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