

FILED NOV 2 1949

STANDARD CERTIFICATE OF DEATH

34587  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 4395 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gainesville, Mo City</u>		c. LENGTH OF STAY (In this place) <u>2 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Gainesville, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Gainesville, Mo City</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rex</u> b. (Middle) <u>Monroe</u> c. (Last) <u>Baxter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct, 16, 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov, 19, 1917</u>	9. AGE (In years last birthday) <u>31</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocery Store</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Howard Ridge, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Walter M. Baxter</u>	13b. MOTHER'S MAIDEN NAME <u>Hattie Simpson</u>	14. NAME OF HUSBAND OR WIFE <u>Wilma Robbins Baxter</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W. W. 2, Dec-41-Nov, 45</u>	16. SOCIAL SECURITY <u>547-26-0200</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter M. Baxter</u>
		ADDRESS <u>Howard Ridge, Mo</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot Wound in head</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>E976X</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Gainesville, Ozark Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 16 1949 7:45</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Gun Shot Wound</u>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. J. Sherman D.D., Coroner</u>	23b. ADDRESS <u>Gainesville Mo</u>	23c. DATE SIGNED <u>Oct 18, 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 18, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Howard Ridge Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Howard Ridge, Mo</u>

DATE REC'D BY LOCAL REG. <u>10-17-49</u>	REGISTRAR'S SIGNATURE <u>William Cogwell</u>	405	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chapman Funeral Home</u>	ADDRESS <u>Gainesville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 27 1949  
District Health Office No. 6,  
District File Number 1049-1162  
Date Filed 10-31-49

NOV 22 1949  
DEC 21 1949

**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.

Signed Chester A Roof

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3044

P. O. Address Grinnell, Ia

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 this body is not embalmed, fact should be so stated above.