

FILED FEB 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4660

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>5507</u>		Registrar's No. <u>55</u>	
1. PLACE OF DEATH a. COUNTY <u>HENRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>HENRY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-DAVIS TWP.</u>		c. LENGTH OF STAY (In this place) <u>9 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-DAVIS TWP.</u>		d. STREET ADDRESS (If rural, give location) <u>NEAR-LADUE, MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME NEAR LADUE, MO.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>—</u> c. (Last) <u>BAXTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 22, 1950</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>SEPT. 6, 1896</u>	
9. AGE (In years last birthday) <u>53</u>		10. MONTHS <u>5</u>		11. DAYS <u>16</u>		12. HOURS <u>—</u> MIN. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>OSCEOLA-ST. CLAIR Co.</u>	
12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Wm. Baxter</u>			13b. MOTHER'S MAMDEN NAME <u>Martha Marley</u>		14. NAME OF HUSBAND OR WIFE <u>Verma Miller Baxter</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>W.N. One</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Verma Baxter Ladue, Mo.</u> ADDRESS <u>Ladue, 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			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>				INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</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>4201</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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>LADUE HENRY MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
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 <u>9:30 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Nugh B Walker, MD</u>				23b. ADDRESS <u>A Clinton, Mo</u>		23c. DATE SIGNED <u>24 Feb. 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Feb. 25-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery, Clinton, Mo.</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>Feb. 24-50</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		FUNERAL DIRECTOR'S SIGNATURE <u>J. Busant</u>		ADDRESS <u>Clinton, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 9 1950

RECEIVED
District Health Officer No. 7
District File Number 1-50-123
Date Filed 2.27.50

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
Student Embalmer

Signed

W. A. Tarsant

Licensed Embalmer No. 3779

P. O. Address *Clinton, 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 this body is not embalmed, fact should be so stated above.