

FILED MAR 21 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7987

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Spgs</u>		c. LENGTH OF STAY (In this place) <u>4 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Box Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nichols Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>R. 3, EL DORADO SPRINGS</u>			
3. NAME OF DECEASED (Type or Print) <u>LUCY</u>		a. (First)		b. (Middle)		c. (Last) <u>BAKTER</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 8, 1868</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>81</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 10 - 50</u>	
11. BIRTHPLACE (State or foreign country) <u>Shelbyville Ill</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>SMITH R. CHAPMAN</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Shanks</u>		14. NAME OF HUSBAND OR WIFE <u>Tom Baxter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tom Baxter El Dorado Spgs</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial</u> ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatoid arthritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Longevity 7 Life</u>				INTERVAL BETWEEN ONSET AND DEATH <u>40 yrs</u> <u>81 yrs</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>4222</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		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 <u>Dec</u> , 19 <u>40</u> , to <u>much</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-10</u> , 19 <u>50</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. J. Dinaway M.D.</u>				23b. ADDRESS <u>El Dorado Spgs Mo</u>		23c. DATE SIGNED <u>3/11/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-14-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Winchester Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Winchester Hill</u>	
DATE REC'D BY LOCAL REG. <u>3-15/50</u>		REGISTRAR'S SIGNATURE <u>George W. Nafus</u>		FUNERAL DIRECTOR'S SIGNATURE <u>El Dorado Spgs. Mo</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

0201
4

RECEIVED
District Health Officer No. _____
District File Number 2-50-23
Date Filed 3-20-50

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

George W. Mafes

Licensed Embalmer No. 2752

P. O. Address El Dorado, Ark

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.