

FILED APR 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7430

BIRTH NO.		REG. DIST. NO. 6		PRIMARY REG. DIST. NO. 3001		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia		c. LENGTH OF STAY (in this place) 20 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia		004	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 401 East Page				d. STREET ADDRESS (If rural, give location) 401 East Page			
3. NAME OF DECEASED (Type or Print) a. (First) Cary		b. (Middle) Duncan		c. (Last) Baxter		4. DATE OF DEATH (Month) (Day) (Year) March 27, 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 27, 1870	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (State or foreign country) Pike Co Missouri	
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME Marcellus Baxter		13b. MOTHER'S MAIDEN NAME Mary Ann Stephens		14. NAME OF HUSBAND OR WIFE Mary Ellen Baxter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. D.H. CASE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clyde Baxter, Bowling Green, Mo.			
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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)		331X	
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 3/27, 1951, to 3/27, 1951, that I last saw the deceased alive on 3/27, 1951, and that death occurred at 5 ⁰⁰ m., from the causes and on the date stated above.							
23a. SIGNATURE W. H. Blaud M.D.				23b. ADDRESS Vandalia Mo		23c. DATE SIGNED 3/28/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 29, 1951		24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery		24d. LOCATION (City, town, or county) (State) Vandalia, Missouri	
DATE REC'D BY LOCAL REG. March 29 1951		REGISTRAR'S SIGNATURE Mallo Fugate		FURNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Water Vandalia, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 14 1951

Date Received: APR 3 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-51-6
Date Filed: APR 3 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Harold B. Staters

Signed.....
Student Embalmer

Licensed Embalmer No. _____

4169

P. O. Address _____

Vandalia 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.