

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16242
Registrar's No. 491

FILED JUN 14 1951

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5466</u>		State File No. <u>16242</u>		Registrar's No. <u>491</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Greene</u>				
b. CITY OR TOWN (If outside corporate limits write RURAL and give township) <u>Springfield Rural S. Campbell</u>			c. LENGTH OF STAY (in this place)		c. CITY OR TOWN (If outside corporate limits write RURAL and give township) <u>Springfield Rural S. Campbell</u>			0390	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD #3 Springfield, Mo</u>					d. STREET ADDRESS <u>R#3 N. Campbell Township</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>			b. (Middle) <u>C.</u>		c. (Last) <u>Baxter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 1 1951</u>		
5. SEX <u>Male 0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 2 1860</u>		9. AGE (In years last birthday) <u>90</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dairy Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dairy Cattle</u>		11. BIRTHPLACE (State or foreign country) <u>Glasco, Scotland</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>David Baxter</u>			13b. MOTHER'S MAIDEN NAME <u>Love Cuthburston</u>			14. NAME OF HUSBAND OR WIFE <u>Pearl Baxter Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>			16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Margaret Nielson RFD #3 Springfield</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u>							
		DUE TO (c) <u>Generalized arteriosclerosis,</u>						<u>sev.</u>	
		2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Age 91</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>4200</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>April 19 51</u> , to <u>May 31, 1951</u> , that I last saw the deceased alive on <u>ay 31, 1951</u> , and that death occurred at <u>3:55 AM</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>M.D. [Signature]</u>					23b. ADDRESS <u>1630 N. Jefferson</u>			23c. DATE SIGNED <u>6-4-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-3-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-5-51</u>		REGISTRAR'S SIGNATURE <u>W. E. Handley M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Lohmeyer Funeral Home [Signature] Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

L. N

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

4-55-15

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 James W. Wair

Signed.....
Student Embalmer

Licensed Embalmer No. 4650

P. O. Address Springfield 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.