

FILED OCT 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32492

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5047 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. - If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural (Jenkins)</b>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural (Jenkins)</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED a. (First) <b>Johns</b> b. (Middle) <b>E.</b> c. (Last) <b>Baxter</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>8-5-1951</b>		5. SEX <b>male</b> 6. COLOR OR RACE <b>white</b> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>5-10-1882</b>		9. AGE (In years last birthday) <b>69</b> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Jenkins, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>James Baxter</b>		13b. MOTHER'S MAIDEN NAME <b>Rhoda Marshall</b>	
14. NAME OF HUSBAND OR WIFE <b>Iva Baxter</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unknown</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>O.T. Baxter-Jenkins, Missouri</b>	
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) <b>Virus Pneumonia</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b> 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. <b>Pericarditis effusion</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>492X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>July 22, 1951</u> , to <u>8-5, 1951</u> , that I last saw the deceased alive on <u>8-3, 1951</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Dr. H. M. D. Crow, M.D.</b>		23b. ADDRESS <b>Mo</b>	
23c. DATE SIGNED <b>8-2-51</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>8-7-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Clio Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Jenkins, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>G. E. Culver - Cassville Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Oct 10 - 1951</b>		REGISTRAR'S SIGNATURE <b>Grace Williams</b>	

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

1050

DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED: OCT 15 1951

Dist. File 1057-1834

Date Filed 10-17-51

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.....  
Student Embalmer

Signed A. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville

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.