

THE DIVISION OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8111

State File No. ....

FILED MAR 19 1952

BIRTH NO. .... REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON 0401</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2203 OAKS X</u>		d. STREET ADDRESS (If rural, give location) <u>2213 OAKS X</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ISAAC</u>	b. (Middle)	c. (Last) <u>BAXSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 6, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 29, 1874</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>-</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>retiree</u>	11. BIRTHPLACE (State or foreign country) <u>Merced County, MO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>SAMUEL BAXSON</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH HARPER</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Campbell, Trenton</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week &amp; days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>480X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 23, 1952, to March 6, 1952, that I last saw the deceased alive on March 6, 1952 and that death occurred at 3:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. A. Duffy M.D.</u>	23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>March 8, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 8, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>North Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Trenton Mo</u>
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DATE REC'D BY LOCAL REG. <u>March 8, 1952</u>	REGISTRAR'S SIGNATURE <u>Lucene J. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dennis - Blackman</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.

*Myself*

Student Embalmer No. ....

Signed.....

*Richard W. ...*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3424*

P. O. Address *Quinton 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.