

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9122

State File No. ....

FILED APR 1 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 19

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 OR TOWN <u>El Dorado Spgs</u>	c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY OR TOWN <u>El Dorado Springs - Box 700</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clump Municipal Home</u>		d. STREET ADDRESS (If rural, give location) <u>P.F.D. # 3 0200</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>T.</u> c. (Last) <u>BAXTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 23/1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Feb. 23, 1859</u>
9. AGE (In years last birthday) <u>94</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>George Baxter</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Gower</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>Ed Baxter</u> ADDRESS <u>El Dorado Spgs P.F.D. # 3</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 Minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Attack</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>94 years senescence</u> DUE TO (c) <u>Fibre</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Tobacco</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) <u>481X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 19 13 to Mar 23 1953 that I last saw the deceased alive on Nov 23 1953, and that death occurred at 1:30 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. J. Dussanway M.D.</u>	23b. ADDRESS <u>El Dorado Spgs MO</u>	23c. DATE SIGNED <u>3/25/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/26/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clantonville</u>	24d. LOCATION (City, town, or county) (State) <u>Cedar Co MO</u>
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DATE REC'D BY LOCAL REG. <u>MARCH 28 1953</u>	REGISTRAR'S SIGNATURE <u>George W. Naffner 418</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Naffner Funeral Home</u> ADDRESS <u>El Dorado Spgs MO</u>
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Signature of Registrar (Signature of Informant's Statement on Reverse Side)

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

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MAY 1 1954

JUL 8

1954

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 *Hugh S. Allen*

Licensed Embalmer No. *2844*

P. O. Address *El Dorado Springs*

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.