

LED JUN 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22000

BIRTH NO.		REG. DIST. NO. 1167		PRIMARY REG. DIST. NO. 5609		Registrar's No. 18	
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Quick City <i>Over Road</i>		c. LENGTH OF STAY (in this place) 86 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rose Hill Township		0518	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home, Quick City, Mo.				d. STREET ADDRESS (If rural, give location) Quick City, Missouri			
3. NAME OF DECEASED (Type or Print) Lillian Elizabeth Baxter		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH May 30, 1953		a. (Month)		b. (Day)		c. (Year)	
5. SEX Female /		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 1, 1876	
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 11		IF UNDER 1 YEAR Days 29		IF UNDER 24 Hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Johnson County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Oliver Tannehill		13b. MOTHER'S MAIDEN NAME Mary Williams		14. NAME OF HUSBAND OR WIFE O. L. Baxter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. XXXX		17. INFORMANT'S SIGNATURE OR NAME O. L. Baxter, Quick City, Missouri		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		ANTECEDENT CAUSES					
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Essential Hypertension					
		DUE TO (c) Arteriosclerosis					
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				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)		447X	
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>March 1, 1953</u> , to <u>May 30, 1953</u> , that I last saw the deceased alive on <u>May 20, 1953</u> , and that death occurred at <u>4:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <i>P. W. Moreland</i> 2		(Degree or title) <i>Dr.</i>		23b. ADDRESS <i>Golden Dr.</i>		23c. DATE SIGNED <i>6-1-53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/1/53		24c. NAME OF CEMETERY OR CREMATORY Grant Cemetery		24d. LOCATION (City, town, or county) (State) Creighton, Missouri	
DATE REC'D BY LOCAL REG. 6-4-1953		REGISTRAR'S SIGNATURE <i>Mrs. James Redford</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Canaday & Ropp</i>		ADDRESS Holden, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECIVED
JUN 15 1953
JOHNSON COUNTY HEALTH DEPT.

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 W. J. Conroy

Licensed Embalmer No. 3434

P. O. Address Holden, Missouri

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.