

FILED DEC 8 1953

STANDARD CERTIFICATE OF DEATH

State File No. 38627

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5338 Registrar's No. 53-102

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Polk twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenfield 0290	
c. LENGTH OF STAY (in this place) 25 yrs		d. STREET ADDRESS (If rural, give location) Water Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 mi N.E. of Greenfield			

3. NAME OF DECEASED (Type or Print)	a. (First) Ruth	b. (Middle) B.	c. (Last) Baxter	4. DATE OF DEATH (Month) (Day) (Year)
				Nov. 25, 1953

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 3, 1922	9. AGE (in years last birthday) 31	IF UNDER 1 YEAR Months 6 Days 22	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 Home		11. BIRTHPLACE (City and State or Foreign Country) Mitchell, Neb.		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Enos Sloan	13b. MOTHER'S MAIDEN NAME Elizabeth Stinson	14. NAME OF HUSBAND OR WIFE Ted Baxter
--------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Elizabeth Sloan, R.F.D. Greenfield, Mo.	ADDRESS Greenfield, Mo.
---	-------------------------------------	---	--------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bullet Wound @ L. Breast.		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E976X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm 8 mi N.E.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Polk Twp. Dade MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from After death, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.R. Allison Coroner	23b. ADDRESS Greenfield, Mo.	23c. DATE SIGNED 11-28-53
--	-------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 2, 1953	24c. NAME OF CEMETERY OR CREMATORY Pemberton Cem	24d. LOCATION (City, town, or county) (State) Dade County, Mo.
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. 11-30-53	REGISTRAR'S SIGNATURE J. C. Canada	25. FUNERAL DIRECTOR'S SIGNATURE J. C. Canada	ADDRESS Greenfield, Mo.
--	---	--	--------------------------------

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

0290

SEP 27 1955

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

J. C. Canada

Licensed Embalmer No. *4196*

P. O. Address *Greenfield, 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.