

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

615

State File No. ....

0. 200  
0. 48

FILED FEB 15 1954 REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CLAY</b>	
b. CITY OR TOWN <b>CLAYCOMO</b>		c. CITY OR TOWN <b>CLAYCOMO</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>10 YRS</b>		e. STREET ADDRESS (If rural, give location) <b>6000</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>434 N. MASON</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ida</b> b. (Middle) <b>Elizabeth</b> c. (Last) <b>BAXTER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 8 1954</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 21, 1870</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>RAY Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <b>JAMES ATKINS</b>	13b. MOTHER'S MAIDEN NAME <b>MARY FISHER</b>	14. NAME OF HUSBAND OR WIFE <b>George Baxter</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>HARRY BAXTER</b> ADDRESS

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, ashenia, 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* <b>Hypertensive (arteriosclerotic) disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO <b>Hypertension</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	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)
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 **1-5-1954** to **2-8-1954**, that I last saw the deceased alive on **2-7-1954**, and that death occurred at **10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Harry Baxter M.D.</b> (Degree or title)	23b. ADDRESS <b>Rayland Hwy, Ray Mo</b>	23c. DATE SIGNED <b>2-8-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2-10-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>odd Fellows Cemetery</b>
24d. LOCATION (City, town, or county) <b>Smithville</b>		(State) <b>Mo.</b>

DATE REC'D BY LOCAL REG. <b>2-10-54</b>	REGISTRAR'S SIGNATURE <b>Marguerite Hudgens 494</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcomers</b> ADDRESS <b>N.K.C. Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....  
Signature of Student Embalmer

Signed *Glenn H. Hill*.....

Licensed Embalmer No...45.

P. O. Address *K.C. 16.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.