

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **8233**

BIRTH NO. **FILED MAR 22 1954** REG. DIST. NO. **120** PRIMARY REG. DIST. NO. **5450** Registrar's No. **30**

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

<b>3. NAME OF DECEASED</b> a. (First) <b>Willis</b> b. (Middle) <b>Chris</b> c. (Last) <b>Baxter</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>March 11, 1954</b>		
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED.</b> (Specify) <b>Never Married</b>	<b>8. DATE OF BIRTH</b> <b>Dec. 22, 1874</b>	<b>9. AGE</b> (In years last birthday) <b>79</b>	<b>10. MONTHS</b> <b>2</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>			<b>11. BIRTHPLACE</b> (State or foreign country) <b>Gentry County, Mo.</b>		
<b>10b. KIND OF BUSINESS OR INDUSTRY</b>			<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S.</b>		

<b>13a. FATHER'S NAME</b> <b>John Baxter</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Baxter</b>	<b>14. NAME OF HUSBAND OR WIFE</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. Evelyn Good Albany, Mo.</b>

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary thrombosis</b> ANTECEDENT CAUSES <b>Chronic myocarditis</b> Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 day</b> <b>1 yr.</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Perniciou anemia</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4201</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from Mar. 8, 1954 to Mar. 11, 1954, that I last saw the deceased alive on Mar. 10, 1954, and that death occurred at 12:05 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>C. J. Pray, D.O.</b>	<b>23b. ADDRESS</b> <b>Albany, Mo.</b>	<b>23c. DATE SIGNED</b> <b>3-13-54</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>3/13/54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Gentryville Cem.</b>
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Gentryville Mo.</b>		

<b>DATE REC'D BY LOCAL REG.</b> <b>Mar. 13-54</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Maudie Williams</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Chas. Brooks Albany, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48  
380  
1

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Clifford Brooks

Licensed Embalmer No.

3329

P. O. Address

Albany 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.