

FILED MAR 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4247

State File No.

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5290 Registrar's No. 18

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| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kearney Rural</u>) | c. LENGTH OF STAY (If in place) <u>2 years</u> | c. CITY OR TOWN <u>Smithville</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clay County Home</u> | | f. STREET ADDRESS (If rural, give location) <u>6000</u> | |

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|-------------------------------------|-------------------------|--------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Sarah</u> | b. (Middle) <u>Eliza</u> | c. (Last) <u>Baxter</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 8, 1955</u> |
|-------------------------------------|-------------------------|--------------------------|-------------------------|--|

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|----------------------|-------------------------------|--|--|---|------------------------|----------------------|----------------------|----------------------|
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | 8. DATE OF BIRTH <u>September 1876</u> | 9. AGE (In years last birthday) <u>78</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS Days | IF UNDER 1 HRS Hours | IF UNDER 15 MIN Min. |
|----------------------|-------------------------------|--|--|---|------------------------|----------------------|----------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>unknown</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Ben Baxter</u> | 13b. MOTHER'S MAIDEN NAME <u>Eliza Sharp</u> | 14. NAME OF HUSBAND OR WIFE <u>---</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Charley Baxter Liberty, Mo.</u> | ADDRESS |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus several years</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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>260x</u> |
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| 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? |
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22. I hereby certify that I attended the deceased from 1953 to Feb 8, 1955, that I last saw the deceased alive on Feb 2, 1955, and that death occurred at 4 AM, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Mrs. M. J. Goodson MD</u> | 23b. ADDRESS <u>Liberty Mo.</u> | 23c. DATE SIGNED <u>3/9/55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3-9-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Smithville, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>March 11, 1955</u> | REGISTRAR'S SIGNATURE <u>Mabel Graham</u> | 491 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>McComastment Home</u> | ADDRESS <u>Smithville, Mo.</u> |
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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 *John Parley*.....

Licensed Embalmer No. *4308*
P. O. Address *Liberty, T.*

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.