

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25044

State File No. ....

|                                                                                                                                                                                                                                 |  |                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                            |  |                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|
| BIRTH NO. ....                                                                                                                                                                                                                  |  | REG. DIST. NO. <u>349</u>                                                                                         |  | PRIMARY REG. DIST. NO. <u>6180</u>                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Registrar's No. <u>21</u>                                                                                                                                                                                                                  |  |                                                                      |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Sullivan</u>                                                                                                                                                                                  |  |                                                                                                                   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Arizona</u> b. COUNTY <u>Maricopa</u>                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                            |  |                                                                      |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Rural-Morris Twp.</u>                                                                                                                     |  |                                                                                                                   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Phoenix</u>                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                            |  |                                                                      |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>13 mi. S. of Green City</u>                                                                                                                                                          |  |                                                                                                                   |  | d. STREET ADDRESS (If rural, give location)<br><u>1724 E. Flower</u>                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                            |  |                                                                      |  |
| 3. NAME OF DECEASED<br>(Type or Print)                                                                                                                                                                                          |  | a. (First) <u>Randy</u>                                                                                           |  | b. (Middle) <u>Lane</u>                                                                                                                                                                                                                                                                                                                                                                                                                            |  | c. (Last) <u>Baxter</u>                                                                                                                                                                                                                    |  |                                                                      |  |
| 4. DATE OF DEATH                                                                                                                                                                                                                |  | a. (Month) <u>July</u>                                                                                            |  | b. (Day) <u>13</u>                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | c. (Year) <u>1955</u>                                                                                                                                                                                                                      |  |                                                                      |  |
| 5. SEX <u>Male</u>                                                                                                                                                                                                              |  | 6. COLOR OR RACE <u>White</u>                                                                                     |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>                                                                                                                                                                                                                                                                                                                                                                        |  | 8. DATE OF BIRTH <u>Sept. 25, 1951</u>                                                                                                                                                                                                     |  |                                                                      |  |
| 9. AGE (In years last birthday) <u>3</u>                                                                                                                                                                                        |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)                        |  | 11. BIRTHPLACE (State or foreign country) <u>Kansas</u>                                                                                                                                                                                                                                                                                                                                                                                            |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>                                                                                                                                                                                                    |  |                                                                      |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)                                                                                                                                     |  | 10b. KIND OF BUSINESS OR INDUSTRY                                                                                 |  | 13a. FATHER'S NAME <u>Clifford A. Baxter</u>                                                                                                                                                                                                                                                                                                                                                                                                       |  | 13b. MOTHER'S MAIDEN NAME <u>Gertrude Spake</u>                                                                                                                                                                                            |  |                                                                      |  |
| 13a. FATHER'S NAME                                                                                                                                                                                                              |  | 13b. MOTHER'S MAIDEN NAME                                                                                         |  | 14. NAME OF HUSBAND OR WIFE                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>                                                                                                                                                                |  |                                                                      |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)                                                                                                                                                               |  | 16. SOCIAL SECURITY NO. <u>None</u>                                                                               |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Gertrude Baxter</u>                                                                                                                                                                                                                                                                                                                                                                                           |  | 17. ADDRESS <u>1724 E. Flower Phoenix, Arizona</u>                                                                                                                                                                                         |  |                                                                      |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  |                                                                                                                   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Head.</u><br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>car crash.</u><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>8124</u> |  |                                                                                                                                                                                                                                            |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>instant</u><br><u>7-16-55</u> |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                          |  | 19b. MAJOR FINDINGS OF OPERATION                                                                                  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                |  | 21. DATE OF OPERATION                                                                                                                                                                                                                      |  |                                                                      |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>                                                                                                                                                                        |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on highway</u>        |  | 21c. (CITY, TOWN, OR TOWNSHIP) <u>Milan</u> (COUNTY) <u>Sullivan</u> (STATE) <u>MO</u>                                                                                                                                                                                                                                                                                                                                                             |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July, 16, 55 3:15 P.M.</u>                                                                                                                                                              |  |                                                                      |  |
| 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? <u>child - ran across highway in front of moving car.</u>                                                                                                                                                                                                                                                                                                                                                               |  | 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:15 P.M.</u> m., from the causes and on the date stated above. |  |                                                                      |  |
| 23a. SIGNATURE <u>Ed Simpson, M.D. Coronar</u>                                                                                                                                                                                  |  | 23b. ADDRESS <u>Milan, Mo.</u>                                                                                    |  | 23c. DATE SIGNED <u>7-16-55</u>                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                                                                                                                                                                                    |  |                                                                      |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)                                                                                                                                                                                       |  | 24b. DATE <u>July 19, 1955</u>                                                                                    |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Chanel Hill Memorial Garden</u>                                                                                                                                                                                                                                                                                                                                                                              |  | 24d. LOCATION (City, town, or county) (State) <u>Kansas City Kan.</u>                                                                                                                                                                      |  |                                                                      |  |
| DATE REC'D BY LOCAL REG. <u>7-18-55</u>                                                                                                                                                                                         |  | REGISTRAR'S SIGNATURE <u>Agnes L. Page</u>                                                                        |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn E. Benton</u>                                                                                                                                                                                                                                                                                                                                                                                            |  | ADDRESS <u>Green City, Mo.</u>                                                                                                                                                                                                             |  |                                                                      |  |

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 5 1900

### 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 \_\_\_\_\_

*Karl R. Kent*

Licensed Embalmer No. *4689*

P. O. Address *Green City, 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.