

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32541**

BIRTH NO. _____		REG. DIST. NO. <u>64</u>		PRIMARY REG. DIST. NO. <u>5245</u>		Registrar's No. <u>47</u>	
1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KEYTESVILLE RURAL 3 Mos</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRUNSWICK</u>		210	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chariton Co. Rest Home</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JANIE</u>			b. (Middle) <u>RAY</u>		c. (Last) <u>BAXLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 28 1955</u>
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>5-22-1884</u>	
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>BRUNSWICK Mo</u>	
11. BIRTHPLACE (City and State or Foreign Country)			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>				
13a. FATHER'S NAME <u>CHAS. J. TURNER</u>			13b. MOTHER'S MAIDEN NAME <u>ROSE GARDNER</u>			14. NAME OF HUSBAND OR WIFE <u>ALVIN BAXLEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or 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 ADDRESS <u>ALVIN BAXLEY BRUNSWICK Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage (apoplexy)</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>3 3/4</u> 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) m.		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 <u>Oct 22, 1955</u> , to <u>Oct 28, 1955</u> , that I last saw the deceased alive on <u>Oct 29, 1955</u> , and that death occurred at <u>6:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Carl C. Hege</u>			23b. ADDRESS <u>M.D., Keytesville Mo</u>			23c. DATE SIGNED <u>11/1/55</u>	
24a. BURIAL (CREMATION) REMOVAL (Specify)		24b. DATE <u>10-30-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELLIOTT GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>BRUNSWICK Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-2-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 55			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Brunswick Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

APR 25 1956

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

L. W. [Signature]

Licensed Embalmer No. 823

P. O. Address Brunswick

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.