

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20115

State File No. \_\_\_\_\_

FILED JUN 18 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5437 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bourbois</u>	c. LENGTH OF STAY (in this place) <u>45yrs</u>	c. CITY OR TOWN <u>Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <u>No</u> No
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Family Home</u>		f. STREET ADDRESS (If rural, give location) <u>Bourbois Twp. near Bond</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Richard</u> c. (Last) <u>BAXTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 3 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>May 26-1880</u>	9. AGE (In years) Last birthday <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Jucious BAXTER</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Ann Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Anna (Boyd) BAXTER</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>494-42-7629</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Anna Baxter-Bland</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, asthenia, 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* (a) <u>Acute Indigestion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditist</u> DUE TO (c) <u>Anaemia</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ct</u>			

19a. DATE OF OPERATION <u>L</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>L</u> (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>L</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>L</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>L</u>

22. I hereby certify that I attended the deceased from Jan 4, 1956, to June 3, 1956, that I last saw the deceased alive on May 26, 1956, and that death occurred at 4:20 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. A. Bunge, M.D.</u>	23b. ADDRESS <u>Bland Mo</u>	23c. DATE SIGNED <u>6/5/56</u>
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24a. DATE <u>June 6</u>	24b. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	24c. LOCATION (City, town, or county) (State) <u>Bland Missouri</u>
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DATE REC'D BY LOCAL REG. <u>June 8, 1956</u>	REGISTRAR'S SIGNATURE <u>Mrs. Marvin Jappmeyer</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Samuel J. ...</u>	ADDRESS <u>Bland, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1954

**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.....  
*Cherita Sasena*

Licensed Embalmer No. 417

P. O. Address *Blant*

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.