

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24542

State File No.

FILED JUL 30 1956

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5893 Registrar's No. 21

| | | | | | |
|--|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Ozark</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u> | | |
| b. CITY OR TOWN <u>Lick Creek Township</u> | | c. LENGTH OF STAY (in this place) <u>Life</u> | c. CITY OR TOWN <u>Howard Ridge</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | e. STREET ADDRESS (If rural, give location) <u>Lick Creek Township</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> | | b. (Middle) <u>L.</u> | c. (Last) <u>Baxter</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>7 18 56</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>9-29-1872</u> | 9. AGE (In years last birthday) <u>83</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| IF UNDER 1 HR. Hours _____ Min. _____ | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Ill.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Samuel Thompson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ann W. Tamm</u> | | 14. NAME OF HUSBAND OR WIFE <u>John D. Baxter</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>John D. Baxter, Howard Ridge</u> | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND 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) <u>4500</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | | 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>Jan 1</u> , 19 <u>56</u> , to <u>July 18, 1956</u> , that I last saw the deceased alive on <u>July 17</u> , 19 <u>56</u> , and that death occurred at <u>11:02</u> m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Seldon W. Chambers M.D.</u> | | 23b. ADDRESS <u>Mountain Home, Ark.</u> | | 23c. DATE SIGNED <u>7/23/56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>7-26-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Howard Ridge</u> | 24d. LOCATION (City, town, or county) (State) <u>Ozark Co. Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>7-28-56</u> | REGISTRAR'S SIGNATURE <u>Shana Mahan</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chickenshead, Eminville, Mo.</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

0770

4610

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 R. Carey*.....

Licensed Embalmer No. *4885*.....

P. O. Address *Cambridge*.....

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.