

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33371

State File No.

BIRTHDATE **FILED OCT 30 1956** REG. DIST. NO. **387** PRIMARY REG. DIST. NO. **4085** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY CARROLL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HALE		c. CITY OR TOWN Hale,	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 01100	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home of Anna Hensley			

3. NAME OF DECEASED (Type or Print) MARIE	a. (First)	b. (Middle)	c. (Last) BAXTER	4. DATE OF DEATH (Month) (Day) (Year) Oct. 25, 1956
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5. SEX F	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 13, 1866	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 1 Days 12	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) House keeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) GERMANY	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Mathew Mueller	13b. MOTHER'S MAIDEN NAME Christeen ?	14. NAME OF HUSBAND OR WIFE Edward Layton Baxter
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Anna Hensley Hale, Mo.	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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia + myocardial heart failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malnutrition + Dehydration DUE TO (c) Carcinoma of the Sigmoid		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old age			

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **10-11-56, 1956**, to **10-25, 1956**, that I last saw the deceased alive on **10-25, 1956**, and that death occurred at **5:30 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Norman P. Hansen D.O.	23b. ADDRESS Hale, Missouri	23c. DATE SIGNED 10-27-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/27/1956	24c. NAME OF CEMETERY OR CREMATORY Lakeside	24d. LOCATION (City, town, or county) (State) Sumner, Missouri
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DATE REC'D BY LOCAL REG. Oct. 27, 1956	REGISTRAR'S SIGNATURE Mrs Rex Henderson	25. FUNERAL DIRECTOR'S SIGNATURE Clifford W. Austin, Hale, Missouri	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

490

JUL 6 1961

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.....
Clyford W. Austin
Licensed Embalmer No...3233...

P. O. Address.....Tina, Missou

**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.**