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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 11 1956

State File No. **38992**

REGISTRAR'S NO. **224**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053**

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived; if in institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>	c. LENGTH OF STAY (in this place) <b>Rolla</b> <b>27 yrs.</b>	c. CITY OR TOWN <b>Rolla</b> <b>201 So. Cedar</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>201 So. Cedar</b>	

3. NAME OF DECEASED (Type or Print) <b>WILLIAM</b>	a. (First)	b. (Middle) <b>CALVIN</b>	c. (Last) <b>BAXTER</b>	4. DATE OF DEATH <b>Nov. 30, 1956</b>	(Month) (Day) (Year)
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 12, 1890</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Oil Co., &amp; Taxi Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Licking, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>William Calvin Baxter</b>	13b. MOTHER'S MAIDEN NAME <b>Louella Thorpe</b>	14. NAME OF HUSBAND OR WIFE <b>Bessie Baxter.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	(If yes, give war or dates of service) <b>W.W. No. 1</b>	16. SOCIAL SECURITY NO. <b>493-07-5264</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Bessie Baxter, 201 So. Cedar, Rolla, Mo.</b>
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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, asphyxia, 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) <b>Myocarditis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pneumonia</b> DUE TO (c) <b>Nephritis</b>		
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"/>
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21a. ACCIDENT (Specify) <b>SUICIDE</b>	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)	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 **3-31**, 19**19**, to **11-30**, 19**56**, that I last saw the deceased alive on **11-30**, 19**56**, and that death occurred at **4:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>N.H. Davis M.D.</b>	23b. ADDRESS <b>204 Ramsey Bldg., Rolla, Mo.</b>	23c. DATE SIGNED <b>12-1-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/4/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ozark Memorial Gardens</b>	24d. LOCATION (City, town, or county) (State) <b>Rolla, Mo.</b>
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DATE REC'D BY LOCAL REG <b>Dec. 5, 1956</b>	REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Null &amp; Sons Funeral Home</b>	ADDRESS <b>Rolla, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

Phelps County Health Officer,

County File Number 593

Date Filed DEC 10 1956

DEC 10 1956

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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 S. E. Wood .....  
Licensed Embalmer No. 3391

P. O. Address Rolla, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.