

No. 300
10.48

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42115**

662

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **5714** Registrar's No. **1-57**

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission) a. STATE Mo. b. COUNTY McDonald	
b. CITY OR TOWN Lanagan	c. LENGTH OF STAY (in this place) None	c. CITY OR TOWN Lanagan	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 None		e. STREET ADDRESS (If rural, give location) City	

3. NAME OF DECEASED (Type or Print) a. (First) Millie b. (Middle) Ann c. (Last) Baxter			4. DATE OF DEATH (Month) (Day) (Year) 12-26-56		
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5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 18, 1873	9. AGE (in years last birthday) 83	IF UNDER 1 YEAR Months 11 Days 8	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE* (City and State or Foreign Country) Salem Ind.		12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Felix W. Still	13b. MOTHER'S MAIDEN NAME Mary E. Hawn	14. NAME OF HUSBAND OR WIFE Wallace Baxter
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ted Ball ADDRESS Lanagan Mo.	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		
		ANTECEDENT CAUSES		
		DUE TO (b) Arteriosclerotic Heart Disease		
		DUE TO (c)		
		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 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) 4200
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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 **Jan**, 19**56**, to **Dec**, 19**56**, that I last saw the deceased alive on **Dec. 26**, 19**56**, and that death occurred at **9:58 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. O. Pagan M.D.	23b. ADDRESS Noel, Mo.	23c. DATE SIGNED 12/28/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-28-56	24c. NAME OF CEMETERY OR CREMATORY Lanagan Cem.	24d. LOCATION (City, town, or county) (State) Lanagan Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 12-31-56	25. FUNERAL DIRECTOR'S SIGNATURE B. M. Humphrey Jr. ADDRESS Noel Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

423
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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.....
J. M. Humphrey Jr.

Licensed Embalmer No.....*470*

P. O. Address.....*Noel M.*

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.