

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12746

State File No.

FILED APR 29 1957

BIRTH NO.		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>375-C</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>		c. CITY OR TOWN <u>Springfield</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W.E. Handley City Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>619 Campbell</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle)		c. (Last) <u>Baxten</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-16-57</u>	
5. SEX <u>F</u>		6. COLOR OF RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>11-9-1884</u>	
9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Ozark County, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Below Baxten</u>				13b. MOTHER'S MAIDEN NAME <u>Susan Duggins</u>			
14. NAME OF HUSBAND OR WIFE				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>499-18-2774</u>				17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ALTA Rhoads, Lutie, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> 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 ☐ NO ☒				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>260X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)				21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐			
21f. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>Apr. 12</u> , 1957, to <u>Apr. 16</u> , 1957, that I last saw the deceased alive on <u>Apr. 16</u> , 1957, and that death occurred at <u>9:10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Lillian W. Brown M.D.</u>				23b. ADDRESS <u>311 1/2 College</u>			
23c. DATE SIGNED <u>4/19/57</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>4-18-57</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Lutie</u>			
24d. LOCATION (City, town, or county) (State) <u>Ozark County Mo</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clinkingband, Gainesville, Ark</u>			
DATE REC'D BY LOCAL REG. <u>4-22-57</u>				REGISTRAR'S SIGNATURE <u>Edith Williamson</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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. Cherry

Licensed Embalmer No. 4885

P. O. Address Gainesville, Tex.

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.