

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024892
State File No.

X
FILED AUG 1 1958

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5280 Registrar's No. 322

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE / <u>Mo.</u> <u>0210</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Brunswick Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Keytesville Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway # 24 West of Keytesville</u>		d. STREET ADDRESS (If rural, give location) <u>1-Mile E. of Keytesville</u>	

3. NAME OF DECEASED (Type or Print) <u>Carl</u>	a. (First)	b. (Middle) <u>Dennis</u>	c. (Last) <u>Baxley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 25th, 1958</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, OR WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Feb. 15, 1943</u>	9. AGE (In years last birthday) <u>15</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Boy</u>	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) <u>Carrollton Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Floyd Blaxley</u>	13b. MOTHER'S MAIDEN NAME <u>Gladys Noah</u>	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Blaxley</u>	ADDRESS <u>Keytesville, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned to Death</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Automobile accident</u> DUE TO (c) <u>Collision between truck & car & car burned.</u>		
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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway # 24 - West of Keytesville</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Brunswick Twp. Chariton Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 25 - 1958 8:30 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car Burned after collision with truck</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:30 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>W.D. Grewett</u>	(Degree or title) <u>Coroner of Chariton County</u>	23b. ADDRESS <u>Keytesville Mo</u>	23c. DATE SIGNED <u>7/26/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 27, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elliott Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Brunswick, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 30-1958</u>	REGISTRAR'S SIGNATURE <u>M. Boone-Howie Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.D. Grewett</u>	ADDRESS <u>Keytesville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed H. D. Gauritt

Licensed Embalmer No. 3046

P. O. Address Key West 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 this body is not embalmed, fact should be so stated above.

This Body was not embalmed.