RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 16 1959

59-033421

STATE FILE NUMBER

Registration District No. 394 Primary Registration District No. _____ Registrar's No. 22

IDED

1. PLACE OF DEATH
a. COUNTY Reynolds
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lesterville Twsp. Length of stay in 1b 50 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4 mi. S of Lesterville Inside Limits Yes ☐ No #

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Reynolds
c. CITY OR TOWN Lesterville Twsp. Inside Limits Yes ☐ No #
d. STREET ADDRESS (If outside, give location) 2 mi. SE of Lesterville Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print) First RALPH Middle PAUL Last BAXTER

4. DATE OF DEATH Month Sept. Day 10 Year 1959

5. SEX male
6. COLOR OR RACE white
7. Married # Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6-11-1907
9. AGE (last birthday) 52 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Lesterville Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Jess Baxter
13b. MOTHER'S MAIDEN NAME Sarah Bone
14. NAME OF HUSBAND OR WIFE Nina Baxter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Nina Baxter, Lesterville Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Killed Instantly by rolling Log — INTERVAL BETWEEN ONSET AND DEATH 10 10
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ Sudden
DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Crushed head and Chest

20c. TIME OF INJURY Hour 10 10 a.m. p.m. Month, Day, Year 9 10 1959

20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In Timber
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John Tarvid Corner
22b. ADDRESS Garridon Mo
22c. DATE SIGNED 9-13-1959

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 9-13-59
23c. NAME OF CEMETERY OR CREMATORY Private Cemetery
23d. LOCATION (City, town, or county) (State) Monterey, Mo.

24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton Mo. Ancel J. White
25. DATE RECD. BY LOCAL REG. Sept 12-1959
26. REGISTRAR'S SIGNATURE Elma Tarvid

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Russell F. White

Signature of Student Embalmer

Licensed Embalmer No. 3012

P. O. Address Denton Ne

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.