

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 2 1 1960

-60-023714

STATE FILE NUMBER

Registration District No. 181 Primary Registration District No. 429.3 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>LINCOLN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>ELSBERRY</u>		c. CITY OR TOWN <u>ELSBERRY</u>	Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>811 N. FOURTH</u>		d. STREET ADDRESS (If outside, give location) <u>811 N. FOURTH</u>	Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>OTTO</u> Last <u>BAXTER</u>			4. DATE OF DEATH Month <u>MAY</u> Day <u>14</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>7/13/93</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>66</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>		11. BIRTHPLACE (City and state or country) <u>PERU, INDIANA</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>CHARLES BAXTER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ISENBRENNER</u>	
14. NAME OF HUSBAND OR WIFE <u>MABLE MILLARD</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W. ONE</u>		16. SOCIAL SECURITY NO. <u>487-26-0738</u>	
17. INFORMANT <u>Mable Baxter</u>		18. ADDRESS <u>Elsberry, Mo</u>		19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Mesenteric thrombosis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Mitral stenosis</u>		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
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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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____

21. I attended the deceased from Mar 3, 1960 to May 14, 1960 and last saw him alive on May 13, 1960
Death occurred at 4:05 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Robert N. Hall, MD</u>		22b. ADDRESS <u>316 Broadway Elsberry, Mo.</u>		22c. DATE SIGNED <u>May 16, '60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5-16-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elsberry City</u>	23d. LOCATION (City, town, or county) <u>ELSBERRY, Mo</u>	(State) _____
24. FUNERAL DIRECTOR <u>O. C. Ricks</u>	ADDRESS <u>Elsberry, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>May 17, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kintzy</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 12 1960

JUL 26 1960

JUL 7 1960

MS JUN 22 1960

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 *Charles E. Garland*

Licensed Embalmer No. 4012

P. O. Address Elsberry, 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.