

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

55-62-021848
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 11 Primary Registration District No. 5047 Registrar's No. 55

FILED JUN 21 1962

VS 300
Rev. 4/59

100.50
200.50

3
4 1
5 1
6
7 0
8 10
9 4222

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

| | | | |
|---------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Barry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jenkins Twp.</u> | | Length of stay in lb <u>years</u> | c. CITY OR TOWN <u>Jenkins</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Jenkins</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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|--------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|
| 3. NAME OF DECEASED (Type or print) First <u>Elizabeth</u> Middle <u>Bailie</u> Last <u>Baxter</u> | | | 4. DATE OF DEATH Month <u>June</u> Day <u>14</u> Year <u>1962</u> | | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9-29-1872</u> | 9. AGE (last birthday) <u>89</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>home</u> | 11. BIRTHPLACE (City and state or country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
| 13a. FATHER'S NAME <u>Samuel Bailie</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>O.T. Baxter</u> | |
| 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>unknown</u> | 17. INFORMANT <u>O.T. Baxter</u> Address <u>Jenkins, Missouri</u> | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial degeneration</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | | |
| DUE TO (c) | | |

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| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 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 Feb. 1962 to June 1962 and last saw her ^{her} alive on June 13, 1962
Death occurred at 3:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>Daphnes Do.</u> (Degree or title) | 22b. ADDRESS <u>Cassville, Mo</u> | 22c. DATE SIGNED <u>6-15-62</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>6-16-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Clio Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Barry County, Missouri</u> |
|---------------------------------------------------------|----------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------|

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| 24. FUNERAL DIRECTOR <u>Culver's</u> ADDRESS <u>Cassville, Missouri</u> | 25. DATE RECD. BY LOCAL REG. <u>6-16-1962</u> | 26. REGISTRAR'S SIGNATURE <u>Glenn Williams</u> |
|-------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------|

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

Service permit obtained 8/16

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 Margaret C. Henbest

Licensed Embalmer No. 4389

P. O. Address Cassville, 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.