

FILED DEC 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 368866  
Registrar's No. 1029

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 1029	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE Missouri b. COUNTY Polk			
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (in this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) Bolivar		d. STREET ADDRESS (If rural, give location) 1	
3. NAME OF DECEASED a. (First) Melinda b. (Middle) Jane c. (Last) Baxter				4. DATE OF DEATH (Month) (Day) (Year) Nov. 25 1949			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb. 17, 1869	
9. AGE (in years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Davis County, Indiana /	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Daniel Vance Killion		13b. MOTHER'S MAIDEN NAME Mary Pagan		14. NAME OF HUSBAND OR WIFE James R. Baxter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME James R. Baxter ADDRESS Bolivar, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Paroxysmal tachycardia DUE TO (c) Post-operative strain on heart II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 12 hrs. 30 hrs. 3 days 5x4x	
19a. DATE OF OPERATION 11-22-49		19b. MAJOR FINDINGS OF OPERATION Two large gall stones obstructing small bowel, removed.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-20-1949, to 11-25, 1949, that I last saw the deceased alive on 11-25, 1949, and that death occurred at 3:20 P.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. W. Tillman Jr. M.D.				23b. ADDRESS 222 1/2 Commercial Springfield Mo.		23c. DATE SIGNED 11-25-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Nov. 27, 1949		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) Bolivar Missouri	
DATE REC'D BY LOCAL REG. 11-28-49		REGISTRAR'S SIGNATURE W. E. Handley M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Turpin Funeral Home		ADDRESS Bolivar, Mo.	

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 \_\_\_\_\_

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.