

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37947

State File No. ~~415~~ 415 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>720 Lyon Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence 720 Lyon Street</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>720 Lyon Street</u>	
3. NAME OF DECEASED a. (First) <u>Taylor</u> b. (Middle) <u>Allen</u> c. (Last) <u>Baxter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 28, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 16, 1864</u>
9. AGE (In years last birthday) <u>85</u>		10. MONTHS <u>8</u>	11. DAYS <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Pike County Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>James Baxter</u>	
13b. MOTHER'S MAIDEN NAME <u>Sara Sapp</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Alice Baxter</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sherman Baxter</u> ADDRESS <u>Hannibal Missouri</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis arterio sclerotic type</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
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 <u>11-21</u> , 19 <u>49</u> , to <u>11-28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11-21</u> , 19 <u>49</u> , and that death occurred at <u>3:15 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>B. J. Murphy</u> (Degree or title)		23b. ADDRESS <u>Hannibal, Mo.</u>	23c. DATE SIGNED <u>11/28/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/30/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>
DATE REC'D BY LOCAL REG. <u>12-7-49</u>	REGISTRAR'S SIGNATURE <u>W. E. M. Lucke</u>	FUNERAL DIRECTOR'S SIGNATURE <u>St. Crawford Smith</u> ADDRESS <u>Hannibal Missouri</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 8 1949
MARION CO. HEALTH DEPT.
DATE FILED DEC 10 1949

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.

Signed _____

John S. Ward

Licensed Embalmer No. 6540

P. O. Address Hannibal Missouri

Signed _____
Student Embalmer

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.