

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25902

State File No.

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 239

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u> <u>6013</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ANNAR. Still Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>V. Miller Bldg.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>IDA</u>	b. (Middle) <u>MILLER</u>	c. (Last) <u>BAXTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 - 1 - 1950</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>MARCH 11, 1873</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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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>OWN home</u>	11. BIRTHPLACE (State or foreign country) <u>MACON, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Valentine Miller</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET CLASS</u>	14. NAME OF HUSBAND OR WIFE <u>C. J. BAXTER</u>
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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'S SIGNATURE OR NAME <u>Mrs. Iruin Dunbar, Maline, Mo.</u>	ADDRESS <u></u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary failure</u>		<u>6 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>hypertension</u>		<u>1 week</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis</u>			<u>year</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 27, 1950, to Sept 1, 1950, that I last saw the deceased alive on Sept 1, 1950, and that death occurred at 9:25 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M T Gutenschn D.O.</u>	23b. ADDRESS <u>Kirksville, Mo</u>	23c. DATE SIGNED <u>9-1-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-4-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wendell's Cem</u>	24d. LOCATION (City, town, or county) (State) <u>KIRKSVILLE, MO.</u>
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DATE REC'D BY LOCAL REG. <u>9-4-50</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Randolph Davis</u>	ADDRESS <u>Kirksville, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: SEP 11 1950
DISTRICT HEALTH OFFICE #1
District File Number 9-50-
Date Filed: SEP 12 1950

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, only

working under my personal supervision.

Student Embalmer No.....

Signed

Clarence M. Billo

Signed.....

Student Embalmer

Licensed Embalmer No. 4375

P. O. Address *Kirksville, Md*

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.