

FILED SEP 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27618

1644
3

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3042 Registrar's No. 267

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Hannibal		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital Highway 61 Near College		c. CITY (If outside corporate limits, write RURAL and give township) Bowling Green 1870	
d. STREET ADDRESS (If rural, give location) 15 S. 15th Street			
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) Porter	
c. (Last) Baxter		4. DATE OF DEATH (Month) (Day) (Year) Aug 17 51	
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 27 1926
9. AGE (In years last birthday) 25		10. MONTH (Day) (Year) 1 20	11. UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work depicting most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Trucking	
11. BIRTHPLACE (State or foreign country) Lincoln County Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Frank Baxter		13b. MOTHER'S MAIDEN NAME Mary Porter	
14. NAME OF HUSBAND OR WIFE Bobby N. Baxter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) (If no, give year or dates of service) Yes WW# 2		16. SOCIAL SECURITY 489 269 364	
17. INFORMANT'S SIGNATURE OR NAME Bobby N. Baxter, Bowling Green, Mo		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple injuries. Result automobile accident. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) accident. DUE TO (c) Hospital. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E 22 38	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 61	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hannibal Marion Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8/17/51 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Automobile accident			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:40 Am. , from the causes and on the date stated above.			
23. SIGNATURE W. C. ...		3 (Degree or title) Coroner	
23b. ADDRESS 902 Broadway Hanniba		23c. DATE SIGNED 8/22/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 19 51	
24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Bowling Green Mo.	
DATE REC'D BY LOCAL REG. 8/22/51		REGISTRAR'S SIGNATURE A. E. M. Luch...	
FEDERAL DIRECTOR'S SIGNATURE J. C. ...		ADDRESS Bowling Green Mo.	

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

RECEIVED AUG 28 1951
MARION CO. HEALTH DEPT.
DATE FILED AUG 31 1951

REC
AUG 31 1951

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 James C. Mudd
Licensed Embalmer No. 4152

P. O. Address Bowling Green, 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.