

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15476**

FILED JUN 1 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5437 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <b>GASCONADE.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>MISSOURI</b> b. COUNTY <b>GASCONADE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL (Bourbois)</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL (CLAY TOWNSHIP)</b>	
c. LENGTH OF STAY (in this place) <b>1 yr</b>		d. STREET ADDRESS (If rural, give location) <b>0270</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FAMILY HOME</b>			

3. NAME OF DECEASED (Type or Print) <b>LUCIOUS BAXTER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 18<sup>TH</sup> 1954</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>NOV 29th 1901</b>		9. AGE (In years last birthday) <b>52</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>JOHN BAXTER</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA BOYD</b>		14. NAME OF HUSBAND OR WIFE <b>BAXTER Katharina (Danusar)</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>497-09-1164</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John Baxter, Bland, Mo.</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Valvular Heart disease</b> ANTECEDENT CAUSES <b>Enlargement of the heart</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <b>4214</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>L</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Bland P.E.D. Gas. Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>L L L m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>L</b>	

22. I hereby certify that I attended the deceased from Jan 1, 1946 to May 18, 1954 that I last saw the deceased alive on May 17, 1954 and that death occurred at 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. A. Bunge M.D.</b>		23b. ADDRESS <b>Bland</b>		23c. DATE SIGNED <b>May 20</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 20th 54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Bland, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>May 22, 1954</b>		REGISTRAR'S SIGNATURE <b>Mrs. Marvin Jappman</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sassmann's Funeral Service</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

1961 JUN 8

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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 Hester Lassman

Licensed Embalmer No. 4128

P. O. Address Blond-bu

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.

1961 JUN 8

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