

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28752
STATE FILE NUMBER

FILED SEP 9 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 340

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bowling Green 0820 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth's Hosp		Length of stay in 1b	d. STREET ADDRESS North edge of town (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Clyde D Baxter (First Middle Last)			4. DATE OF DEATH Aug 29, 1957 (Month Day Year)		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 7, 1899	9. AGE (In years last birthday) 58 IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Transportation	11. BIRTHPLACE (City and state or country) New London, Missouri		12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Carrie D. Baxter			14. MOTHER'S MAIDEN NAME Mary Newton		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 497-09-2023	17. INFORMANT Mrs Clyde Baxter, Bowling Green, Mo Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY... IMMEDIATE CAUSE (a) Pulmonary embolus		INTERVAL BETWEEN ONSET AND DEATH hours 2-3 years years
Conditions, if any, which gave rise to above cause (a); stating the underlying cause last.	DUE TO (b) arterio sclerosis	
	DUE TO (c) arteriosclerotic heart disease	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from June 5, 1957 to Aug 29, 57 and last saw her him alive on Aug 29, 57 Death occurred at 6:00 p m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Orville W. Moore MD (Name or title)	22b. ADDRESS Vandalia Mo	22c. DATE SIGNED 8/29/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 31, 1957	23c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery	23d. LOCATION (City, town, or county) (State) Vandalia, Missouri
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24. FUNERAL DIRECTOR William B Waters ADDRESS Vandalia, Mo.	25. DATE RECD. BY LOCAL REG. 9/4/57	26. REGISTRAR'S SIGNATURE Stem Lucke By H C Fisher
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(Licensed Embalmer's Statement on Reverse Side)

0646

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SEP 6 1957

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED SEP 6 1957

1561 6

APR 2 1958

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 Signature of Student Embalmer

Signed *William P. Waters*

Licensed Embalmer No. 4

P. O. Address *Vandalia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.