

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. _____

1644

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>2 1/2 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>1707 East 17th Street</u> | |
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| 3. NAME OF DECEASED a. (First) <u>Gertrude</u> b. (Middle) <u>Baxter</u> c. (Last) <u>Baxter</u> (Type or Print) | | | 4. DATE OF DEATH (Month) <u>3</u> (Day) <u>19</u> (Year) <u>53</u> | | | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>Feb. 14, 1897</u> | | 9. AGE (In years last birthday) <u>56</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 14 HRS. Hours _____ Mins. _____ | |
| 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>At Home</u> | | | 11. BIRTHPLACE (City and State or Foreign Country) <u>California, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |

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| 13a. FATHER'S NAME <u>Benjamin Crum</u> | | 13b. MOTHER'S MAIDEN NAME <u>Emma Woods</u> | | 14. NAME OF HUSBAND OR WIFE <u>John Baxter</u> | |
| 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>—</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>John Baxter</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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH <u>33 2X</u> | |
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| 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) | | 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) m. | | 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 3-17-53, 1939-53, 19—, **that I last saw the deceased alive on** 3-19-53, 19—, **and that death occurred at** 12:20 p.m., **from the causes and on the date stated above.**

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| 23a. SIGNATURE <u>E. Frank Ellis</u> | | 23b. ADDRESS <u>600 East 22nd Street</u> | |
| 23c. DATE SIGNED <u>3-20-53</u> | | 24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | |
| 24b. DATE <u>3-24-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>California, Mo.</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>California, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Maudine Williams</u> | |
| DATE REC'D BY LOCAL REG. <u>3-24-53</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Smith</u> | |
| ADDRESS <u>1729 Lydia</u> | | 25. FUNERAL DIRECTOR'S ADDRESS | |

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

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 Hazel Kendrick
Student Embalmer

Signed L. J. Maulouff

Licensed Embalmer No. 3474

P. O. Address 2503 Highland

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.