

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 371
Registrar's No. 10

FILED JAN 19 1949

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		d. STREET ADDRESS (If rural, give location) <u>947 Lester St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lucy Lee Hosp</u>				3. NAME OF DECEASED a. (First) <u>Fannie</u> b. (Middle) <u>Oliva</u> c. (Last) <u>Baughman</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 10, 1949</u>		5. SEX <u>Fem</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Feb. 15, 1864</u>		9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>25</u>		IF UNDER 48 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Jacksonville, Ill</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Pleasant Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret De Vore</u>	
14. NAME OF HUSBAND OR WIFE <u>Louis Baughman</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Belle Kittredge</u>				ADDRESS <u>Poplar Bluff, Mo</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Advanced Arteriosclerotic Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4-20-10</u>			
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Poplar Bluff Butler Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>U</u>					
22. I hereby certify that I attended the deceased from <u>28 Dec 1948</u> to <u>Jan 10, 1949</u> , that I last saw the deceased alive on <u>Jan 10, 1949</u> , and that death occurred at <u>4:58 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J.W. McPheters, Jr. M.D.</u> (Degree or title)				23b. ADDRESS <u>Poplar Bluff, Mo</u>		23c. DATE SIGNED <u>1-11-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-12-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo.</u>	
DATE REC'D BY LOCAL REG <u>1-11-49</u>		REGISTRAR'S SIGNATURE <u>R. M. Nettie</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Cobrell</u>		ADDRESS <u>Poplar Bluff, Mo</u>	

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

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RECEIVED

District Health Office No.

District File Number 149-3

Date Filed 1-17-8

RECEIVED
DISTRICT HEALTH OFFICE
JAN 17 1908

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 _____

John M. Davies
working under my personal supervision.

Student Embalmer No. 249

Signed John M. Davies
Student Embalmer

Signed Scott A. Bennett
Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, 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.