

FILED JUL 1 1949

STANDARD CERTIFICATE OF DEATH

State File No. 20324

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 5808 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bellflower (Rural)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bellflower (Rural)	
c. LENGTH OF STAY (In this place) one		d. STREET ADDRESS (If rural, give location) Home	
d. FULL NAME OF HOSPITAL OR INSTITUTION Thomas Jefferson Baugh			

3. NAME OF DECEASED (Type or Print) Thomas Jefferson Baugh Jr.	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) June 16 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-7-1872	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 60 MINS. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (State or foreign country) Montgomery Co. Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Thomas Jefferson Baugh Sr.	13b. MOTHER'S MAIDEN NAME Ann Buchanan.	14. NAME OF HUSBAND OR WIFE Ida Ramsey Baugh
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) *	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida Ramsey Baugh	ADDRESS Bellflower Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Parenchymatous nephritis (uremia)		2 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic myocarditis chronic nephritis DUE TO (c) chronic atherosclerosis		15 years 15 years 15 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 592X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. A. Risdale D.O.	23b. ADDRESS Montgomery City - Mo.	23c. DATE SIGNED 6-17-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-19-1949	24c. NAME OF CEMETERY OR CREMATORY Brush Creek	24d. LOCATION (City, town, or county) (State) Montgomery Co Mo.
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DATE REC'D BY LOCAL REG. June 21-49	REGISTRAR'S SIGNATURE Mrs. May Miller	25. FUNERAL DIRECTOR'S SIGNATURE Wanda Jones	ADDRESS Bellflower
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(Licensed Embalmer's Statement on Reverse Side)

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

70

RECEIVED JUN 28 1949
District Health Officer No. 9,
District File Number

JAN 31957

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 _____

Me _____ Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clark A. Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower 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.