

FILED FEB 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *149*

BIRTH NO. _____		REG. DIST. NO. <i>38</i>		PRIMARY REG. DIST. NO. <i>3006</i>		Registrar's No. <i>28</i>			
1. PLACE OF DEATH a. COUNTY <i>Boone</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Boone</i>					
b. CITY (If outside corporate limits, write RURAL and give township) <i>Columbia</i>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>Columbia</i>		1 <i>0100</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>804 N. Third St.</i>				d. STREET ADDRESS (If rural, give location) <i>Route 2</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <i>JAMES</i> b. (Middle) <i>LEWIS</i> c. (Last) <i>BAUCOM</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 29, 1950</i>						
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>July 28, 1948</i>		9. AGE (In years last birthday) <i>1</i>	IF UNDER 1 YEAR Months <i>1</i>	IF UNDER 2 HRS. Days <i>0</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>At Home</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>---</i>		11. BIRTHPLACE (State or foreign country) <i>Doniphan, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>			
13a. FATHER'S NAME <i>Riley Lee Baucom</i>			13b. MOTHER'S MAIDEN NAME <i>Eva Mae House</i>		14. NAME OF HUSBAND OR WIFE <i>---</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>---</i>		16. SOCIAL SECURITY NO. <i>---</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Riley Lee Baucom, Columbia, Mo.</i>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Microcephaly - with</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>genetrical spasticity</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>Some but</i> <i>7531</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							
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)		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 <i>Dec</i> , 19 <i>49</i> , to _____, 19____, that I last saw the deceased alive on <i>Dec</i> , 19 <i>49</i> , and that death occurred at <i>9:50 A. m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Helen E. Yeager M.D.</i>				23b. ADDRESS <i>909 University</i>		23c. DATE SIGNED <i>Jan 31, 1950</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan. 31, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Columbia Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Columbia, Mo.</i>				
DATE REC'D BY LOCAL REG. <i>Feb. 1 1950</i>		REGISTRAR'S SIGNATURE <i>Mrs. R.E. Palmer</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Parker Funeral Service, Columbia Mo.</i>		ADDRESS			

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

RECEIVED FEB 6 1950
District Health Officer No. 9,
District File Number

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

M. W. Whitcomb

Licensed Embalmer No.

3898

P. O. Address

Columbia 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.