

FILED JUN 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19193

BIRTH NO. 41588-51		REG. DIST. NO. 352		PRIMARY REG. DIST. NO. 4517		Registrar's No.		
1. PLACE OF DEATH a. COUNTY <i>Linn Co.</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Stone</i>				
b. CITY OR TOWN <i>Branson</i>		c. LENGTH OF STAY (In this place) <i>1 day</i>		c. CITY OR TOWN <i>Reeds Springs mo</i>		d. STREET ADDRESS (If rural, give location) <i>1040</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Seaggs Memorial</i>								
3. NAME OF DECEASED A. (First) <i>Lannie</i> b. (Middle) <i>Keith</i> c. (Last) <i>Baughman</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May 21-1951</i>					
5. SEX <i>M</i>		6. COLOR OR RACE <i>wh</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>1</i>		8. DATE OF BIRTH <i>May 19-1903</i>		
9. AGE (In years last birthday) <i>48</i>		IF UNDER 1 YEAR Months <i>2</i>		IF UNDER 24 HRS. Hours <i>2</i> Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Branson mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>Clay Baughman</i>			13b. MOTHER'S MAIDEN NAME <i>Dorothy Friend</i>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>L. R. Friend</i> ADDRESS <i>Reeds Springs</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>Coronary Heart</i>					INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>None</i>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <i>7544</i>				
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 _____, 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 <i>J. C. Buntan M.D.</i> (Degree or title)				23b. ADDRESS <i>Branson, Mo</i>		23c. DATE SIGNED <i>5/22/51</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>May 22-1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Eisenham</i>		24d. LOCATION (City, town, or county) (State) <i>Mo</i>		
DATE REC'D BY LOCAL REG. <i>May 25-51</i>		REGISTRAR'S SIGNATURE <i>J. E. Cogswell</i> 376		25. FUNERAL DIRECTOR'S SIGNATURE <i>Everett L. Cheatham</i> ADDRESS <i>Halena, Mo</i>				

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED **MAY 28 1951**

Dist. File 551-9215-

Date Filed 5-28-51

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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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed Everett J. Cheatham

Licensed Embalmer No. 2870

P. O. Address Galena 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.