

FILED AUG 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27910**

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>5989</u>		Registrar's No. <u>39</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Putnam <u>0860</u>		b. CITY (If outside corporate limits, write RURAL and give township) Rural, Grant Tmp.		a. STATE Mo.		b. COUNTY Putnam	
c. LENGTH OF STAY (In this place) life		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Grant Tmp. <u>0860</u>		d. STREET ADDRESS (If rural, give location) Unionville, Mo. R.F.D. <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Unionville, Mo. R.F.D.				d. STREET ADDRESS (If rural, give location) Unionville, Mo. R.F.D. <u>0</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) Maude Mae		b. (Middle) Houston		c. (Last) Houston		4. DATE (Month) (Day) (Year) July 21, 1951	
5. SEX F /		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH Dec. 1, 1883	
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homework		11. BIRTHPLACE (State or foreign country) Grant Tmp. Putnam Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Michael Baughman		13b. MOTHER'S MAIDEN NAME Mary Susan Green		14. NAME OF HUSBAND OR WIFE XXXXXXXXXX Houston, Mo. Unionville			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Inez McCollum, Unionville, Mo.			
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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular disease</u>					
		DUE TO (c) <u>of 4 or 5 years standing</u>					
		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				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) <u>Unionville Mo. Putnam Mo.</u>			
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 <u>2/12</u> , 19 <u>91</u> , to <u>7</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-20</u> , 19 <u>51</u> , and that death occurred at <u>11:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>P. Hart m. D.</u> (Name or title)				23b. ADDRESS <u>Unionville Mo.</u>		23c. DATE SIGNED <u>8-22-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE July 25, 51		24c. NAME OF CEMETERY OR CREMATORY Mickeal Cem.		24d. LOCATION (City, town, or county) (State) Putnam Co., Mo.	
DATE REC'D BY LOCAL REG. 8-16-51		REGISTRAR'S SIGNATURE <u>Maxwell Durbin</u> 266		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. G. H. H. H.</u>		ADDRESS Unionville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: **AUG 22 1951**

DISTRICT HEALTH OFFICE #2

District File Number **8-51-1495-**

Date Filed: **AUG 22 1951**

General Health Officer
General Health Officer
General Health Officer

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.

Student Embalmer No.

Signed

Murl E. Husted

Signed.....
Student Embalmer

Licensed Embalmer No. **3394**

P.O. Address **18 Minerva, Mo**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.