

STANDARD CERTIFICATE OF DEATH

State File No. 43885

 BIRTH NO. 40 FILED JAN 7 1952 REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6171 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Ponce</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crane Mo 10405</u>	
c. LENGTH OF STAY (In this place) <u>3 mo</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) (First) <u>Pearl</u> (Middle) <u>A</u> (Last) <u>Baugh</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 24 1951</u>	
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5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 2 - 1871</u>	9. AGE (In years last birthday) <u>80-7-22</u> If UNDER 1 YEAR Months Days If UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>arming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>William M. Baugh</u>	13b. MOTHER'S MAIDEN NAME <u>Sussie Hope</u>	14. NAME OF HUSBAND OR WIFE <u>Mathie Baugh</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Baugh - Helena Mo.</u>	ADDRESS <u>Helena Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>610X</u>
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22. I hereby certify that I attended the deceased from June 1948 to Dec 24 1951, that I last saw the deceased alive on Dec 23 1951, and that death occurred at 5 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Freda P. ...</u>	(Degree or title)	23b. ADDRESS <u>Crane Mo.</u>	23c. DATE SIGNED <u>12-27-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Dec 28/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ponce Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stone Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 27-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. J. Elmer Brannon</u>	317.0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Emmett J. Cheatham - Helena Mo</u>	ADDRESS <u>Helena Mo</u>
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per Lue Murray

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Emerett J. Cheatham

Signed.....

Student Embalmer

Licensed Embalmer No. *3870*

P. O. Address *Malena 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.