V.S. No. 300
Rev. 10-48

FILED JAN 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

346

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5127 Registrar's No. 74

0110 1

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

1. PLACE OF DEATH
a. COUNTY: BUCHANAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL, JACKSON TWSP.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 MILE NORTH DEARBORN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BUCHANAN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL, JACKSON TWSP. 0110 8
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH
b. (Middle): BAUGHMAN
c. (Last): DEETS

4. DATE OF DEATH (Month) (Day) (Year): JAN. 17, 1952

5. SEX: FEMALE 1
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: DEC. 17, 1866
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): MONROE CO. MO. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: HAMILTON BAUGHMAN
13b. MOTHER'S MAIDEN NAME: EMMA COX
14. NAME OF HUSBAND OR WIFE: THOS. R. DEETS

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. ORVAL CAMPBELL — ADDRESS: DEARBORN 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) GENERAL ARTERIOSCLEROSIS — 5 Yrs. (Est.)
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: 331X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

1-22-52 wrote for 1b + hr death

22. *I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ 1/17, 1952, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 12:15 p m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H F Mundy M.D. (Coroner) 3
23b. ADDRESS: St Joseph Mo
23c. DATE SIGNED: 1/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-19-52
24c. NAME OF CEMETERY OR CREMATORY: DEARBORN CEM.
24d. LOCATION (City, town, or county) (State): DEARBORN MO 0

DATE REC'D BY LOCAL REG.: Jan 22, 1952
REGISTRAR'S SIGNATURE: Carl C. Casey 446
25. FUNERAL DIRECTOR'S SIGNATURE: VAUGHN-AUFRANC — ADDRESS: DEARBORN MO

(Licensed Embalmer's Statement on Reverse Side)

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 W. R. Vaughn

Licensed Embalmer No. K023

P. O. Address Weston, 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.