

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5272

State File No. ....

FILED FEB 17 1953

REG. DIST. NO. 93

PRIMARY REG. DIST. NO. 5333

Registrar's No. 53-17

0290

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

|   |   |   |  |
|---|---|---|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <b>Dade</b>   |   | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>Dade</b>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>rural Golden City</b>  |   | c. LENGTH OF STAY (in this place)<br><b>1 yr.</b>   |  |
| c. CITY (If outside corporate limits, write RURAL and give township)<br><b>rural Grant township</b>   |   | d. STREET ADDRESS (If rural, give location)<br><b>Grant twp.</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |   |   |  |
| <b>3. NAME OF DECEASED</b><br>(Type or Print) <b>SARAH CATHERINE BAUGH</b>  |   | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><b>Feb. 9, 1953</b>   |  |
| <b>5. SEX</b><br><b>female</b>  | <b>6. COLOR OR RACE</b><br><b>white</b> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><b>widowed</b>   | <b>8. DATE OF BIRTH</b><br><b>Aug. 9, 1874</b> |
| <b>9. AGE</b> (in years) (Month) (Day)<br><b>78</b>   |   | <b>10. AGE</b> (in years) (Month) (Day)<br><b>6</b>   |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>housewife</b>  |   | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><b>own home</b>   |  |
| <b>11. BIRTHPLACE</b> (State or foreign country)<br><b>Unionville, Missouri</b>   |   | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><b>U.S.A.</b>  |  |
| <b>13a. FATHER'S NAME</b><br><b>unknown</b>   |   | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>unknown</b>  |  |
| <b>14. NAME OF HUSBAND OR WIFE</b><br><b>William Alex Baugh</b>   |   |   |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |   | <b>16. SOCIAL SECURITY NO.</b><br><b>none</b>   |  |
| <b>17. INFORMANT'S SIGNATURE OR NAME</b><br><b>Mrs. Efton Owen, Golden City, Mo.</b>  |   | <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Ventricular failure</b><br><b>2. ANTECEDENT CAUSES</b><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><b>3. DUE TO (b) Hypertensive pneumonia</b><br><b>4. DUE TO (c) Cerebral hemorrhage</b><br><b>5. II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Influenza</b> |  |
| <b>19a. DATE OF OPERATION</b>   |   | <b>19b. MAJOR FINDINGS OF OPERATION</b><br><b>331 X</b>   |  |
| <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |   |   |  |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)   |   | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  |
| <b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)  |   |   |  |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Minute)<br><b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   | <b>21f. HOW DID INJURY OCCUR?</b>   |  |
| <b>22. I hereby certify that I attended the deceased from March 16, 1952, to Feb. 9, 1953, that I last saw the deceased alive on Feb. 8, 1953 and that death occurred at 2:45 p.m., from the causes and on the date stated above.</b> |   |   |  |
| <b>23a. SIGNATURE</b> (Degree or title)<br><b>Raymond A. Carlson M.D.</b>   |   | <b>23b. ADDRESS</b><br><b>Golden City Mo</b>  |  |
| <b>23c. DATE SIGNED</b><br><b>2-9-53</b>  |   |   |  |
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><b>removal</b>  |   | <b>24b. DATE</b><br><b>Feb 10-1953</b>  |  |
| <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><b>Centerville, Iowa</b>   |   | <b>24d. LOCATION</b> (City, town, or county) (State)<br><b>Centerville, Iowa</b>  |  |
| <b>25. FUNERAL DIRECTOR'S SIGNATURE</b><br><b>Phillips Funeral Home, Golden City, Mo.</b>   |   | <b>25. ADDRESS</b><br><b>Phillips Funeral Home, Golden City, Mo.</b>  |  |

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.....  
Student Embalmer

Signed.....

Licensed Embalmer No. 3278

P. O. Address Golden City, 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.