

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38438

State File No. _____

FILED NOV 23 1953

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Alexander</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau,</u>		c. LENGTH OF STAY (In this place) <u>15 min.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McClure, Illinois</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile E. McClure, Ill.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo. Hospital</u>				d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bridge to Southeast Mo. Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>			b. (Middle) <u>Edward</u>		c. (Last) <u>Baughner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 17, 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 27, 1893</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u>8</u> Mins. <u>12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Scott County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Connie Baughner</u>			13b. MOTHER'S MAIDEN NAME <u>Izabelle Owens</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Backus Baughner</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 10/4/17 to 2/12/18</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ruth Baughner McClure, Illinois</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Natural Cause</u> ANTECEDENT CAUSES <u>Heart Attack</u> Morbid 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.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4343</u>				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)			
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 <u>8:15</u> p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>T. C. Summers, Registrar Cape Girardeau Mo 11-18-53</u>				23b. ADDRESS		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 20, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lindsey Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>McClure Illinois</u>	
DATE REC'D BY LOCAL REG. <u>11-18-53</u>		REGISTRAR'S SIGNATURE <u>T. C. Summers 44-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Food Young Funeral Home, Cape Gir., Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

3

NOV 23 1953
NOV 27 1953

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 Lowell S. [Signature]
Licensed Embalmer No. 4736

P. O. Address Cape Girardeau, 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.