FILED NOV 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39496

BIRTH NO. 3 A 1 A A REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 161

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City
c. LENGTH OF STAY (in this place): 7 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 919 North Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City 0492
d. STREET ADDRESS (If rural, give location): 919 North Main St.

3. NAME OF DECEASED (Type or Print): a. (First) JANNICE b. (Middle) c. (Last) BAUGH

4. DATE OF DEATH (Month) (Day) (Year): November 5, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: March 31, 1953
9. AGE (In years last birthday): 0 — If under 1 year: Months 7 Days 5 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None Infant
10b. KIND OF BUSINESS OR INDUSTRY: None Infant
11. BIRTHPLACE (State or foreign country): Webb City, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Ernest Baugh
13b. MOTHER'S MAIDEN NAME: Bonnie Phillips
14. NAME OF HUSBAND OR WIFE: None

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: Ernest Baugh — ADDRESS: Webb City, Missouri

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) BURNS FATAL (CONFLAGRATION)

ANTECEDENT CAUSES

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 E9160 16
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME
21c. (CITY, ~~TOWN, OR TOWNSHIP~~) (COUNTY) (STATE): WEBB CITY JASPER MO. 049
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11 5 53 47 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? HOME CAUGHT ON FIRE WHILE MOTHER WAS OUTSIDE - COULD NOT RESCUE CHILD

22. *I hereby certify that I attended the deceased from* DID NOT ATTEND, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 4 Pm m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Corner Joplin Co.
23b. ADDRESS: First Nat'l Bldg
23c. DATE SIGNED: 11-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 7, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mt Hope Cemetery
24d. LOCATION (City, town, or county) (State): Webb City, Missouri

DATE REC'D BY LOCAL REG.: 11-8-53
REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer 474-P
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Hedge Lewis Webb City, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 17 1953
Jasper County Health Office
County File Number 53-11-946
Date Filed NOV 17 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 Richard Gray Lew

Licensed Embalmer No. 4405

P. O. Address Webb City, M

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

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