

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43615**

FILED DEC 15 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **411**

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

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY OR TOWN <b>Hannibal</b>		c. CITY OR TOWN <b>Hannibal</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mark Twain Rest Home</b>		e. STREET ADDRESS (If rural, give location) <b>1703 South Arch</b>	
3. NAME OF DECEASED a. (First) <b>Daniel Warren</b> b. (Middle) <b>Baughman</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>December 5, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>January 12, 1875</b>
9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>23</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—————</b>	11. BIRTHPLACE (City and State or Foreign Country) / <b>Summer Hill Illinois</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13a. FATHER'S NAME <b>Nathan Baughman</b>	
13b. MOTHER'S MAIDEN NAME <b>Harriett Houchins</b>		14. NAME OF HUSBAND OR WIFE <b>Effie Mae Baughman (deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>—————</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>George Baughman</b>		ADDRESS <b>Hannibal Missouri</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis type arteriosclerotic in type hypertensive heart disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive heart disease</b> DUE TO (c) <b>Coronary insufficiency</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Senility</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>4201</b>	
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) (Min.)	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 <b>2/26/49</b> , 19___, to <b>12/5/53</b> , 19___, that I last saw the deceased alive on <b>5/12/53</b> , 19___, and that death occurred at <b>9:30A m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b>		23b. ADDRESS <b>Hannibal, Missouri</b>	
23c. DATE SIGNED <b>12/5/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/7/1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodland</b>	24d. LOCATION (City, town, or county) (State) <b>Bayliss Illinois</b>
DATE REC'D BY LOCAL REG. <b>12-7-53</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	
25. FEDERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Hannibal Missouri</b>	

(Licensed Embalmer's Statement on Reverse Side)

DEC 12 1958

RECEIVED

MASSACHUSETTS CO. HEALTH DEPT.

DATE FILED

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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.....  
Signature of Student Embalmer

Signed *John S. [Signature]*.....

Licensed Embalmer No. 4540.....

P. O. Address Hannibal Missouri

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.