0.300
0.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5549

BIRTH NO. FILED FEB 17 1954 REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5827 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY New MADRID
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewis 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)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 2 miles East of Catron. 0720
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) — c. (Last) BAUCUM

4. DATE OF DEATH (Month) (Day) (Year) JAN-10-1954

5. SEX M 2
6. COLOR OR RACE Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unk 9
8. DATE OF BIRTH Sept. 10-1900
9. AGE (In years last birthday) 53 — 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) Labor.
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Unk. 9
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Unk
13b. MOTHER'S MAIDEN NAME Unk.
14. NAME OF HUSBAND OR WIFE unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Guy Davidson, ADDRESS Catron, 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) Burned to death in

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) House. Cause of fire
DUE TO (c) Unknown.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

E9160
16

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 072
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) New Madrid. (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Burned to death.

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 1230 a.m., from the causes and on the date stated above.*

23a. SIGNATURE Leo Hedgepeth; (Degree or title) Coroner.
23b. ADDRESS New Madrid Mo
23c. DATE SIGNED Jan. 12. 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 12-54
24c. NAME OF CEMETERY OR CREMATORY Sand hill.
24d. LOCATION (City, town, or county) New Madrid. (State) Mo.

DATE REC'D BY LOCAL REG. 1-18-54
REGISTRAR'S SIGNATURE H. L. Ponder Deputy 218-
26. FUNERAL DIRECTOR'S SIGNATURE Leo Hedgepeth; **ADDRESS** New Madrid 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.

Not Embalmed

Student .....
Student Embalmer

Signed Leo Hedgpeth.

Licensed Embalmer No. 2803

P. O. Address New Madrid Mo

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

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