

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9339

State File No. ....

FILED APR 9 1954 REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5712 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Mountain		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rogers Rte. # 4 Esculania	
c. LENGTH OF STAY (in this place) 1 1/2 Hour		d. STREET ADDRESS (If rural, give location) 4 Miles North of Rogers	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 1/2 Miles N.E. Of Jacket			

3. NAME OF DECEASED (Type or Print)	a. (First) Neal	b. (Middle) Oggie	c. (Last) Baggett	4. DATE OF DEATH (Month) (Day) (Year) March 26, 1954
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 8, 1910	9. AGE (In years last birthday) 43	# UNDER 1 YEAR Months	# UNDER 24 HRS. Hours	# UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driller	10b. KIND OF BUSINESS OR INDUSTRY Oil & Water Wells	11. BIRTHPLACE (State or foreign country) Sayre, Oklahoma	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Eperiam Baggett	13b. MOTHER'S MAIDEN NAME Amanda Pritchett	14. NAME OF HUSBAND OR WIFE Wanda Aileene Baggett
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 430-05-7461	17. INFORMANT'S SIGNATURE OR NAME Mrs. Wanda Aileene Baggett	ADDRESS Rte. 4 Rogers, Ark.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Immediate
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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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 8:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS Rogers, Ark.	23c. DATE SIGNED 3/31/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/26/1954	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Rogers, Arkansas
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DATE REC'D BY LOCAL REG. April 6, 1954	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Rogers, Ark.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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

*Wm. J. Baum*

Licensed Embalmer No. *550 (Am.)*

P. O. Address *Royers. Ark.*

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.