

FILED AUG 4 - 1954

THE DIVISION OF HEALTH - INDIANA  
STANDARD CERTIFICATE OF DEATH

State File No. **24133**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **306** PRIMARY REG. DIST. NO. **6048** Registrar's No. **53**

**1. PLACE OF DEATH**  
 a. COUNTY **St. Charles**  
 b. CITY (If outside corporate limits, write RURAL and give town) **"Rural" Peruque,**  
 c. LENGTH OF STAY (in this place) \_\_\_\_\_  
 c. CITY OR TOWN **Indianapolis**  
 d. Is Residence within limits of a city or incorporated town? Yes  No   
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **"Rural" Dardenne Twsp.**  
 e. STREET ADDRESS (If rural, give location) **27 West Arizona** **8130 8**

**3. NAME OF DECEASED**  
 a. (First) **GILBERT** b. (Middle) **RUBLE** c. (Last) **BAUGH**  
**4. DATE OF DEATH** (Month) (Day) (Year) **July 25, 1954**

**5. SEX** **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Married**  
**8. DATE OF BIRTH** **March 21, 1922** **9. AGE (In years last birthday)** **32**  
 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)** **Attendant**  
**10b. KIND OF BUSINESS OR INDUSTRY** **Filling Station**  
**11. BIRTHPLACE (City and State or Foreign Country)** **Washington, Indiana**  
**12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

**13a. FATHER'S NAME** **Dolphus Baugh** **13b. MOTHER'S MAIDEN NAME** **Retta Callaway** **14. NAME OF HUSBAND OR WIFE** **Anna Senterwein Baugh**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)** **Yes** **16. SOCIAL SECURITY NO.** **World War II** **17. INFORMANT'S SIGNATURE OR NAME** **Mrs. Anna Baugh, Indianapolis, Ind.** **ADDRESS**

**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)** **Accidental drowning while swimming.**  
**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 conditions causing death.  
**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_ **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.)** **Miss. River** **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** **Dardenne Twsp. St. Charles, Mo. 092**

**21d. TIME OF INJURY (Month) (Day) (Year) (Hour)** **July 25, 1954 m.** **21e. INJURY OCCURRED WHILE AT WORK?**  **21f. HOW DID INJURY OCCUR?** **while swimming in Mississippi River**

**22. I hereby certify that I attended the deceased from \_\_\_\_\_ until \_\_\_\_\_, and that death occurred at \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.**

**23a. SIGNATURE (Degree or title)** **Marion Muschay Currier** **23b. ADDRESS** **Wentzville Mo** **23c. DATE SIGNED** **July 26-54**

**24a. BURIAL, CREMATION, REMOVAL (Specify)** **Removal** **24b. DATE** **July 26, 1954** **24c. NAME OF CEMETERY OR CREMATORY** **Indianapolis** **24d. LOCATION (City, town, or county) (State)** **Indianapolis, Indiana**

**DATE REC'D BY LOCAL REG.** **July 26-54** **REGISTRAR'S SIGNATURE** **E. A. Kasper** **2805** **25. FUNERAL DIRECTOR'S SIGNATURE** **W. C. Dalmonwood** **ADDRESS** **St. Charles, Mo.**

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

920

AUG 5

AUG 10 195

**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 *Frank R. Amato*.....

Licensed Embalmer No. *48*

P. O. Address *St. Clair*.....

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.