S. No. 300
v. 10.48

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

FILED DEC 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36875

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 322

024 1

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Jefferson City
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): 402 Cherry

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Jefferson City
d. STREET ADDRESS (If rural, give location): 402 Cherry

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3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Fulton
c. (Last): Baughman

4. DATE OF DEATH (Month) (Day) (Year): Nov. 28, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 9, 1880
9. AGE (In years last birthday): 74 — If under 1 year: Months 2, Days 19 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Watchman
10b. KIND OF BUSINESS OR INDUSTRY: Mo. State Prison
11. BIRTHPLACE (City and State or Foreign Country): Morgan Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Baughman
13b. MOTHER'S MAIDEN NAME: Sarah Newman
14. NAME OF HUSBAND OR WIFE: Hulda Baughman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S ~~SIGNATURE~~ OR NAME: Hulda Baughman — ADDRESS: Jefferson City, 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): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: ? Hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arterio-sclerosis — ?
DUE TO (c): Hypertension — ?

II. OTHER SIGNIFICANT CONDITIONS? *Conditions contributing to the death but not related to the disease or condition causing death.*: Pulmonary Tuberculosis — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 332 x A
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct., *1954, to* 28 Nov., *1954, that I last saw the deceased alive on* 28 Nov., *1954, and that death occurred at* 11:30 am., *from the causes and on the date stated above.*

23a. SIGNATURE: James G. Miller (Degree or title) D.O.
23b. ADDRESS: Jefferson City, Mo.
23c. DATE SIGNED: 29 Nov. 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 30, 1954
24c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
24d. LOCATION (City, town, or county) (State): Jefferson City, Mo.

DATE REC'D BY LOCAL REG.: Nov. 29-54
REGISTRAR'S SIGNATURE: R. P. Harris MD-RR
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Victor Buesche Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

JAN 13 1958

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 Victor Bueschen

Licensed Embalmer No. 3701

P. O. Address Jefferson City, Mo.

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.