

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5836

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>4433</u>		Registrar's No. <u>7</u>		
1. PLACE OF DEATH a. COUNTY <u>Putnam</u> <u>0860</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville, Missouri</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville</u> <u>0860</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>939 Jefferson St. /</u>				d. STREET ADDRESS (If rural, give location) <u>939 Jefferson St.</u> <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>Baughman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 6, 1955</u>					
5. SEX <u>male</u> <u>0</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>January 5, 1880</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Putnam County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Michael Baughman</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Carter</u>		14. NAME OF HUSBAND OR WIFE <u>Verda Mae Baughman</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs John H. Baughman</u> ADDRESS <u>Unionville, Missouri</u>				
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypernephroma</u> <u>Bright Kidney</u> 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. <u>180 X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
19a. DATE OF OPERATION <u>1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Had left kidney removed. Hypernephroma</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <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 <u>June 2, 1954</u> to <u>March, 1955</u> , that I last saw the deceased alive on <u>March, 1955</u> , and that death occurred at <u>2 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (In full or title) <u>Charles L. Judd M.D.</u>				23b. ADDRESS <u>Unionville Mo</u>		23c. DATE SIGNED <u>3/7/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>March 8 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shoney Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>North of Unionville, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>3-12-55</u>		REGISTRAR'S SIGNATURE <u>Marcell Durbin</u> <u>266</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Conatich</u> ADDRESS <u>Unionville Mo</u>				

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed John W. Comstock

Licensed Embalmer No. 3891

P. O. Address Chionville, Md

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

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