

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19515

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEWTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEOSHO		c. CITY OR TOWN STELLA	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 DAY		e. STREET ADDRESS (If rural, give location) 07800	
d. FULL NAME OF HOSPITAL OR INSTITUTION SALE MEMORIAL HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) CORNELIUS b. (Middle) BENJAMINE c. (Last) BAUGHN			4. DATE OF DEATH (Month) (Day) (Year) MAY 27 1955
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 10 1875
9. AGE (In years last birthday) 79		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) DAVIS COUNTY KENTUCKY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JAMES R. BAUGHN		13b. MOTHER'S MAIDEN NAME SUSAN - (UNKNOWN)	14. NAME OF HUSBAND OR WIFE MYRTIE BAUGHN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MISS EMMA BAUGHN STELLA 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 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) Strangulated Right Inguinal Hernia (Reduced with difficulty) DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bergers Disease Right	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 5615	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 Jan 1954 , to May 27, 1955 , that I last saw the deceased alive on May 27, 1955 , and that death occurred at 3:50 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Melvin C. Bowman M.D.		23b. ADDRESS Neosho, Mo	23c. DATE SIGNED July 1-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-29-1955	24c. NAME OF CEMETERY OR CREMATORY MACEDONIA	24d. LOCATION (City, town, or county) (State) NEWTON COUNTY MISSOURI
DATE REC'D BY LOCAL REG. July 1-55	REGISTRAR'S SIGNATURE Melvin C. Bowman	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barley Thompson Ch. Neosho Mo.	

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District _____
District _____
Date Filed JUL 8 1955

NEOSHO, MISSOURI

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 Ray P Adams

Licensed Embalmer No. 4926

P. O. Address Neosho, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.