

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28337

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 1927

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>UNIVERSITY CITY</u> | c. LENGTH OF STAY (in this place) <u>3 Mos.</u> | c. CITY OR TOWN <u>SEDALIA</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6716 OLIVE ST. Rd.</u> | | STREET ADDRESS (If rural, give location) <u>601 EAST BOONVILLE</u> | |

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|---|--------------------------|---------------------------|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> | b. (Middle) <u>JASON</u> | c. (Last) <u>BAUGHMAN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 18, 1955</u> | | |
|---|--------------------------|---------------------------|--|--|--|

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|-----------------|---------------------------|---|-------------------------------------|---|---|---|
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>MAY 2, 1876</u> | 9. AGE (In years last birthday) <u>79</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|-----------------|---------------------------|---|-------------------------------------|---|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>FLORENCE, MO.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>L. J. BAUGHMAN</u> | 13b. MOTHER'S MAIDEN NAME <u>MARY F. SIMMONS</u> | 14. NAME OF HUSBAND OR WIFE <u>EMMA S. BAUGHMAN</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EMMA BAUGHMAN</u> | ADDRESS <u>UNIVERSITY CITY, MO.</u> |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> | | | <u>1 day</u> |
| ANTECEDENT CAUSES | DUE TO (b) <u>Myocardial Insufficiency</u> | | <u>2 weeks</u> |
| | DUE TO (c) <u>Arthritis and hypertension</u> | | <u>5 Months</u> |
| II. OTHER SIGNIFICANT CONDITIONS | <u>Undernutrition</u> | | <u>5 months</u> |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Nov. 4, 1954 to Aug. 18, 1955, that I last saw the deceased alive on Aug. 18, 1955, and that death occurred at 10:30 P.M. from the causes and on the date stated above.

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|---|-------------------------|---------------------------------------|--------------------------------------|
| 23a. SIGNATURE <u>Henry E. Rosenberg M.D.</u> | (Degree or title) _____ | 23b. ADDRESS <u>1467 N. Union St.</u> | 23c. DATE SIGNED <u>Aug. 19 1955</u> |
|---|-------------------------|---------------------------------------|--------------------------------------|

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| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>buried</u> | 24b. DATE <u>AUGUST 22, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>CROWN HILL CEMETERY</u> | 24d. LOCATION (City, town, or county) <u>SEDALIA, MO.</u> (State) _____ |
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| DATE REC'D BY LOCAL REG. <u>8/19/55</u> | REGISTRAR'S SIGNATURE <u>Herbert R. ...</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Eckhart</u> | ADDRESS <u>Sedalia, Mo.</u> |
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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.....
Signature of Student Embalmer

Signed *Russell C. Ma*.....

Licensed Embalmer No. *48*

P. O. Address *Sedalia*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.