

FILED DEC 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHSTATE FILE NUMBER **39106**Registration District No. **301** Primary Registration District No. **4456** Registrar's No. **2369**

1. PLACE OF DEATH a. COUNTY RIPLEY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY RIPLEY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DONIPHAN		c. CITY OR TOWN DONIPHAN 0910	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WASHINGTON ST. YEARS		d. STREET ADDRESS (If outside, give location) WASHINGTON ST.	

3. NAME OF DECEASED (Type or print) First GUSTAVA Middle BAUCOM Last BAUCOM			4. DATE OF DEATH Nov. 23-1956 Month Nov. Day 23 Year 1956		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 18-1904	9. AGE (In years last birthday) 52 IF UNDER 1 YEAR: Months 5 Days 5 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTH PLACE (City, state or county) Ripley Co. - Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13. FATHER'S NAME SAMUEL ASHCRAFT		
14. MOTHER'S MAIDEN NAME LILLIE ASHCRAFT			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or not known) No		
16. SOCIAL SECURITY NO. 			17. INFORMANT Mrs. Lillie Swan - Doniphan Address 		

18. CAUSE OF DEATH [Enter only one cause per line (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Crownary Heart Disease.		INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 420.1		
DUE TO (c) 		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE

21. I attended the deceased from Nov. 15 to Nov. 23-56 and last saw her alive on Nov 23 56 Death occurred at 7:45 m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Clifford G. York M.D.	22b. ADDRESS Doniphan Mo 11-24-56
22c. DATE SIGNED Nov 23 56	

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-24-56	23c. NAME OF CEMETERY OR CREMATORY Wilson Cemetery	23d. LOCATION (City, town or county) (State) Ripley Co. - Missouri
24. FUNERAL DIRECTOR Howards Funeral Home - Doniphan	25. DATE RECD. BY LOCAL REG. 11-26-1956	26. REGISTRAR'S SIGNATURE C. Johnston	

(Licensed Embalmer's Document on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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.....
Licensed Embalmer No. 48
P. O. Address.....

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.