

FILED MAY - 8 1957

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13988**

BIRTH NO. _____		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>3044</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u>		c. LENGTH OF STAY (in this place) <u>lifetime</u>		c. CITY OR TOWN <u>Eldon</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>115-N- Leeds</u>				e. STREET ADDRESS (If rural, give location) <u>115-N- Leeds</u> <u>0661</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>PARKS</u> c. (Last) <u>BLAND</u> <u>BAUGHMAN</u>				4. DATE OF DEATH (Month) (Day) : (Year) <u>April</u> - <u>8</u> / <u>1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>6 April 1893</u> <u>64</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mechanic - helper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rail - Road</u>		11. BIRTHPLACE (City and State or foreign Country) <u>Morgan - Co - Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Baughman</u>				13b. MOTHER'S MAIDEN NAME <u>Martha Jane Bradshaw</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Baughman</u>	
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>Alice Baughman</u> ADDRESS <u>Eldon</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>TRAUMATIC INJURY TO MEDIASTINUM AND LEFT LUNG.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>GUN SHOT WOUND</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>IMMEDIATE</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>IN HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Eldon</u> <u>Miller</u> <u>Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>APRIL 8 1957</u> <u>10:50</u> A. M.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>SHOT GUN</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:50 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>L. S. Humphreys D. O. Coroner</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>Tuscumbia - Mo</u>		23c. DATE SIGNED <u>8 April - 57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11 April - 57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dooley -</u>		24d. LOCATION (City, town, or county) (State) <u>Miller - Co</u> <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 9, 1957</u>		REGISTRAR'S SIGNATURE <u>Calvinetta Walt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Rags</u>		ADDRESS <u>ELDON</u> <u>Mo</u>	

(Licensed Embalmer's Signature on Reverse Side)

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

0661

1920

MAY 9 1957

### 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 *Keith McKays*

Licensed Embalmer No. *3998*

P. O. Address *Eldon 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.