

Health, Welfare, Public Service, 09604, 300, 9-56, diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

FILED AUG 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25741

STATE FILE NUMBER

Registration District No. 291

Primary Registration District No. 5997

Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Putnam			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Putnam		
b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN Richland Wilson Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			c. CITY OR TOWN No Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fairview Rest home Length of stay in lb			d. STREET ADDRESS Lemona Mo (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Jesse Middle A. Last Baugh			4. DATE OF DEATH July 17 1957 Month Day Year		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1873-1-30	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR IF UNDER 24 HRS. Months 5 Days 17 Hours 17 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME Emanuel Baugh			14. MOTHER'S MAIDEN NAME Emily Richmond Livonia Mo.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. No	17. INFORMANT Lettie E. Hurley Livonia, Mo. Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of stomach Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Senility DUE TO (c) Senility PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 2 years years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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 2:30 Month July Day 17 Year 1957 a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <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 Unionville Mo COUNTY Mo STATE Mo	
21. I attended the deceased from May 3-57 to July 17-57 and last saw him alive on July 17-57 Death occurred at 2:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deceased or legal representative) Chas L. Guld DO			22b. ADDRESS Unionville Mo		22c. DATE SIGNED 7/18/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-20-1957	23c. NAME OF CEMETERY OR CREMATORY Pleasanthome Cem.		23d. LOCATION (City, town, or county) (State) Country Mo
24. FUNERAL DIRECTOR Husted & Son ADDRESS Unionville Mo			25. DATE RECD. BY LOCAL REG. 8-3-1957		26. REGISTRAR'S SIGNATURE Marvill Durbin

(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 em-
by me, or by, Student Embalmer No.
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....

J. O. Huston

Licensed Embalmer No. 297

P. O. Address Unionville

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.