

Health, Welfare, Police, Fire, etc.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1958

STATE FILE NUMBER **868**  
Registrar's No. **81**

Registration District No. **128** Primary Registration District No. **2000**

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Springfield</b> TOWN		c. CITY OR TOWN <b>Springfield</b> <b>0396</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Spfld. Baptist</b>		d. STREET ADDRESS <b>953 S. Newton</b>	
Length of stay in lb <b>62 yrs.</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Walter</b> Last <b>Baughman</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>22</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 17, 1887</b>
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months <b>70</b> Days	IF UNDER 24 HRS. Hours <b>70</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Restaurant Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Restaurant.</b>	11. BIRTHPLACE (City and state or country) <b>Yellville, Arkansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>William H. Baughman</b>	
13b. MOTHER'S MAIDEN NAME <b>Dolie Lawson</b>		14. NAME OF HUSBAND OR WIFE <b>Alma Baughman</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
17. INFORMANT Address <b>Mrs. Alma Baughman-Springfield, Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Cardiac Stomach</b> DUE TO (b) _____ DUE TO (c) _____ 151X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Terminal Bronchopneumonia</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <b>1 July 1957</b> to <b>22 Jan 1958</b> and last saw her alive on <b>22 Jan 1958</b> Death occurred at <b>8:00 p.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Francis M. Maple M.D.</b> 22b. ADDRESS <b>Springfield, Mo.</b>	
22c. DATE SIGNED <b>24 Jan 1958</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>1-25-1958</b>		23c. NAME OF CEMETERY OR CREMATOR <b>Hopedale Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Christian County, Mo.</b>		24. FUNERAL DIRECTOR ADDRESS <b>Springfield, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>1-24-58</b>		26. REGISTRAR'S SIGNATURE <b>Effie G. Melton</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JAN 29 1958

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. 3312  
P. O. Address Springfield, .....

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.