

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **2138**

FILED FEB 10 1958

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **5836** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) Neosho		c. CITY (If outside corporate limits, write RURAL and give township) Neosho	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Route # 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at home--Rt. # 1, Neosho, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Forest	b. (Middle) Earl	c. (Last) Baughman	4. DATE OF DEATH (Month) (Day) (Year) Jan 13, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 16, 1883
9. AGE (In years last birthday) 74	# UNDER 1 YEAR Days	# UNDER 1 YEAR Weeks	# UNDER 1 YEAR Mths.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) / Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Albert L. Baughman	13b. MOTHER'S MAIDEN NAME Amanda Sweeney	14. NAME OF HUSBAND OR WIFE Amanda C.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 492-42-8731	17. INFORMANT'S SIGNATURE OR NAME Amanda C. Baughman	ADDRESS Neosho, Mo
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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, asphyxia, 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) Hypostatic Pneumonia		2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility (f) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pyelitis		4 wks.	

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)	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 **Dec. 20, 1957**, to **Jan. 13, 1958**, that I last saw the deceased alive on **Jan. 13, 1958**, and that death occurred at **2:00 P.M.** from the causes and on the date stated above.

23a. SIGNATURE Warren M. Jones	(Degree or title) D.O.	23b. ADDRESS Neosho, Mo	23c. DATE SIGNED 1-20-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-17-58	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Neosho, Missouri
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DATE REC'D BY LOCAL REG. 2-1-58	REGISTRAR'S SIGNATURE Melvin C. Bowman, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Clark Funeral Home	ADDRESS Neosho, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. Newton
District File Number 258-28
Date Filed FEB 7 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 _____

Fred L. Clark

Student Embalmer No. 556

working under my personal supervision.

Student Fred L. Clark
Student Embalmer

Signed Mariellen Trickett

Licensed Embalmer No. 466

P. O. Address Neosho, 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 this body is not embalmed, fact should be so stated above.