Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008143

STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 352 Primary Registration District No. 6187 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: TANEY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): PROTEM — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): home — Length of stay in 1b: YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: TANEY
c. CITY OR TOWN: PROTEM — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): rural — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First LEVI Middle TRUETT Last BAUGHMAN

4. DATE OF DEATH: Month JAN. Day 31, Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Nov. 3, 1901
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months 2 Days 28 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Stock Farming
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: George Baughman
13b. MOTHER'S MAIDEN NAME: Rose Judy
14. NAME OF HUSBAND OR WIFE: Lucy Baughman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 497-22-0257
17. INFORMANT: Lucy Baughman Address: Protem Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Osteria Sclerotic Vessels
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1-30-59, to 1-30-59 and last saw ~~her~~ him alive on 1-30-59
Death occurred at 9 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] ?
22b. ADDRESS: Forsyth, Mo
22c. DATE SIGNED: 2/18/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-3-59
23c. NAME OF CEMETERY OR CREMATORY: Wolf Cemetery
23d. LOCATION (City, town, or county) (State): Protem Mo

24. FUNERAL DIRECTOR: W Slobb ADDRESS: Forsyth Mo
25. DATE RECD. BY LOCAL REG.: 2-20-59
26. REGISTRAR'S SIGNATURE: Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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. 4731

P. O. Address .....

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.