

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035557

FILED VS OCT 19 1959 75

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STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>CLINTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>CLINTON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CAMERON</b>		Length of stay in 1b <b>70 YRS.</b>	c. CITY OR TOWN <b>CAMERON</b> 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>WARREN HOME</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>602 E. 2nd</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>BERTHA Jane BAUGHMAN</b>			4. DATE OF DEATH Month Day Year <b>Oct. 10. 1959</b>			
5. SEX <b>Female</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>6-27-1887</b>	9. AGE (last birthday) <b>72.</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEKEEPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>WINSTON. Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	

13. FATHER'S NAME <b>James B. Eodeman.</b>		13b. MOTHER'S MAIDEN NAME <b>Susan E. Smith</b>		14. NAME OF HUSBAND OR WIFE <b>ARTHUR BAUGHMAN.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>-</b>		16. SOCIAL SECURITY NO. <b>489-36-2453A</b>		17. INFORMANT Address <b>ARTHUR BAUGHMAN CAMERON MO</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Intra abdominal hemorrhage</b>			<b>72 hrs.</b>
DUE TO (b) <b>Multiple intra abdominal Malignancy?</b>			
DUE TO (c) <b>Adenocarcinoma of Liver</b>			<b>1 yr.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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 COUNTY STATE	

21. I attended the deceased from **9-2-59** to **10-10-59** and last saw her <sup>her</sup> alive on **10-9-59**  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>R. B. Bloom DO</b>		22b. ADDRESS <b>Cameron, Mo.</b>		22c. DATE SIGNED <b>10-12-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>Oct. 13. 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mc Daniel Cemetery CAMERON, Mo.</b>	
23d. LOCATION (City, town, or county)		23e. REGISTRAR'S SIGNATURE <b>Frances D. Sheford</b>			

24. FUNERAL DIRECTOR ADDRESS <b>De Moss CRUNK, CAMERON, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Oct 13-59</b>		26. REGISTRAR'S SIGNATURE <b>Frances D. Sheford</b>	
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

*La Moss Christ*

Licensed Embalmer No. 2538

P. O. Address Cameron, 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.