

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. OCT 18 1960

10

Primary Registration District No.

3002

Registrar's No.

241

-60-037326

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Montgomery					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in 1b 3 wks.		c. CITY OR TOWN Middletown		Inside Limits Yes ☒ No ☐			
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Allen Nursing Home			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) None		Reside on Farm Yes ☐ No ☐		
3. NAME OF DECEASED (Type or print) First OCTAVIS Middle T. Last BAUGH				4. DATE OF DEATH Month Oct. Day 11 Year 1960					
5. SEX Male		6. COLOR OR RACE White		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH Dec. 5, 80		9. AGE (last birthday) 79 yrs.	
						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) Retired Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Montgomery County MO. U.S.A.		12. CITIZEN OF WHAT COUNTRY MO. U.S.A.	
13a. FATHER'S NAME Robert E. Baugh				13b. MOTHER'S MAIDEN NAME Martha E. Belcher				14. NAME OF HUSBAND OR WIFE	
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. No		17. INFORMANT Address Mr. Olin Baugh, Middletown, 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) Acute Myocardial decompensation								INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arterial insufficiency								Unknown	
DUE TO (c) Hypertensive heart disease								Unknown	
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. ☐ Yes ☐ N: ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		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 11-20-60 to 10-11-60 and last saw him alive on 10-10-60 Death occurred at 7:15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE H. W. Swan (Degree or title) MD.				22b. ADDRESS Truist Mo				22c. DATE SIGNED 10-12-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 13, 60		23c. NAME OF CEMETERY OR CREMATORY Wellsville		23d. LOCATION (City, town, or county) Wellsville, Mo.		(State)	
24. FUNERAL DIRECTOR Wells Funeral Home, Wellsville, Mo.				25. DATE RECD. BY LOCAL REG. Oct 12-1960		26. REGISTRAR'S SIGNATURE Blanche Neely			

(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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas M. Emmons

Licensed Embalmer No. 5064

P. O. Address Mexico, M.

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.