

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018601

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 291
FILED MAY 18 1961

Primary Registration District No. Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PUTNAM</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LIVONIA</u>		c. CITY OR TOWN <u>LIVONIA</u>	
Length of stay in lb <u>Lifetime</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VILLAGE</u>		d. STREET ADDRESS (If outside, give location) <u>VILLAGE</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>CORDA</u> Middle <u>-</u> Last <u>BAGUET</u>		4. DATE OF DEATH Month <u>MAY</u> Day <u>12</u> Year <u>1961</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB 2-73</u>
9. AGE (last birthday) <u>88</u> Months <u>3</u> Days <u>18</u> Hours <u>-</u> Min. <u>-</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOMEWORK</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>PUTNAM CO MO</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA.</u>			
13a. FATHER'S NAME <u>HODGES CULLUM</u>		13b. MOTHER'S MAIDEN NAME <u>MATILDA BEARD</u>	
14. NAME OF HUSBAND OR WIFE <u>LEWIS BAGUET</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>VERNE TIMMONS</u>		Address <u>LIVONIA-MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic degenerative Myocarditis</u> DUE TO (b) <u>Serulicity</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>7-22-60</u> to <u>5-12-61</u> and last saw her <u>7:00 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
Death occurred at _____			
22a. SIGNATURE <u>L.W. McDonald</u> (Degree or title)		22b. ADDRESS <u>Unionville Mo</u>	
22c. DATE SIGNED <u>5-17-61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>	23b. DATE <u>5-14-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St Johns Cem</u>	23d. LOCATION (City, town, or county) (State) <u>LIVONIA MO</u>
24. FUNERAL DIRECTOR <u>W. Hasted Son</u>	ADDRESS <u>Unionville Mo</u>	25. DATE RECD. BY LOCAL REG. <u>5-13-61</u>	26. REGISTRAR'S SIGNATURE <u>Marshall Durbin</u>

(Licensed Embalmer's Statement on Reverse Side)

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 self, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Murl E. Husted

Licensed Embalmer No. 300X

P. O. Address Monmouth

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.