

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007019

STATE FILE NUMBER

AMENDED

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 42

FILED FEB 19 1962

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u>											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u>		Length of stay in lb <u>3 yrs.</u>		c. CITY OR TOWN <u>Lebanon</u>		Inside Limits Yes ☒ No ☐									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>550 Vernon St.</u>			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) <u>550 Vernon St.</u>		Reside on Farm Yes ☐ No ☒								
3. NAME OF DECEASED (Type or print) First <u>Lewis</u> Middle <u>Baragar</u> Last <u>Baragar</u>				4. DATE OF DEATH Month <u>Feb.</u> Day <u>11,</u> Year <u>1962</u>											
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH <u>6-8-90</u>		9. AGE (last birthday) <u>72 yrs.</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>				11. BIRTHPLACE (City and state or country) <u>Grand Rapids, Mich.</u>				12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Claude Baragar</u>				13b. MOTHER'S MAIDEN NAME <u>Cora Hall</u>				14. NAME OF HUSBAND OR WIFE <u>Cora Baragar</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> <u>none</u>				16. SOCIAL SECURITY NO. <u>363-14-4474</u>				17. INFORMANT <u>Mrs. Cora Baragar, Lebanon, Mo.</u>				Address <u>550 Vernon</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>Myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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												INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>			
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.) <u>2/7/62</u>				20f. CITY, TOWN, OR LOCATION <u>2/11/62</u>				COUNTY <u>2/7/62</u>		STATE	
21. I attended the deceased from <u>2/7/62</u> to <u>2/11/62</u> and last saw him alive on <u>2/7/62</u> Death occurred at <u>3:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <u>J. H. Johnson</u> (Degree or title) <u>MD</u>				22b. ADDRESS <u>Lebanon, Mo</u>				22c. DATE SIGNED <u>2/13/62</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>				23b. DATE <u>2-14-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Crocker Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Crocker, Pulaski Co., Mo.</u>					
24. FUNERAL DIRECTOR <u>J. J. Shadel</u>				ADDRESS <u>Lebanon, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>2-14-1962</u>				26. REGISTRAR'S SIGNATURE <u>Wella L. Hay</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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Eric M. Abbott

Licensed Embalmer No. 5115

P. O. Address Springfield, Vt.

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.