

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-033397

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 340 Primary Registration District No. 6152 Registrar's No. 90

FILED AUG 27 1962

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived, or institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dexter</u>		Length of stay in 1b <u>4 1/2 yrs</u>	c. CITY OR TOWN <u>Dexter (Rural)</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Reynolds Rest Home</u>		Reside in Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Reynolds Rest Home</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>AGNES AUGUSTA BAUGUS</u>			4. DATE OF DEATH Month Day Year <u>8 13 1962</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-9-1889</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and state or country) <u>Stoddard Co.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>
13a. FATHER'S NAME <u>Chas. Hicks</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Grover C. Baugus</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.		17. INFORMANT <u>Grover C. Baugus Dexter Mo.</u> Address	

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) <u>Cerebro-vascular accident</u>		<u>2 days</u>
DUE TO (b) <u>Cerebro-vascular accident</u>		<u>30 days</u>
DUE TO (c) <u>Arteriosclerosis</u>		
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 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 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 8/11/62 to 8/12/62 and last saw her alive on 8/13/62
Death occurred at 11:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>D. Comeau</u> (Degree or title)		22b. ADDRESS <u>Dexter Mo.</u>		22c. DATE SIGNED <u>8/13/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>8-15-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Gula Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>3mi So. Senath, Mo.</u>	
24. FUNERAL DIRECTOR <u>Lloyd Russell</u> ADDRESS <u>Piggott Ark.</u>		25. DATE RECD. BY LOCAL REG. <u>8-14-62</u>	26. REGISTRAR'S SIGNATURE <u>Velma V. Jenkins</u>	

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59
1 1035
2 1030
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4 1
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9331X

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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 Lloyd Russell

Licensed Embalmer No. 509-928

P. O. Address Piggott, 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.