

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-016819

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 18 1963

Primary Registration District No. 3044 Registrar's No. 19

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY: MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: MILLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ELDON		c. CITY OR TOWN: ELDON	
Length of stay in 1b: 7 yrs		Inside Limits: Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 115-N-Leeds		d. STREET ADDRESS (If outside, give location): 115-N-Leeds	
Reside on Farm: Yes ☐ No ☒			
3. NAME OF DECEASED (Type or print) First Middle Last: SARAH ALICE BAUGHMAN		4. DATE OF DEATH Month Day Year: MARCH 26 1963	
5. SEX: Female	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH: 30 MARCH 1866
9. AGE (last birthday): 66		IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife		10b. KIND OF BUSINESS OR INDUSTRY: At-Home	
11. BIRTHPLACE (City and state or country): Miller Co Mo		12. CITIZEN OF WHAT COUNTRY: U.S.A	
13a. FATHER'S NAME: Louis-Stark		13b. MOTHER'S MAIDEN NAME: SARAH-JANE-Wood	
14. NAME OF HUSBAND OR WIFE: Richard-Bland-Baughman		Address: Kansas City-Mo	
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.: 494-32-0487	
17. INFORMANT: Richard-Baughman		Address: Kansas City-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) CORONARY THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH: 10 MIN.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ADVANCED CORONARY ARTERY DISEASE		YEARS	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): DIABETES MELLITUS		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ 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.): NONE	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: NONE	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.): NONE		20f. CITY, TOWN, OR LOCATION: NONE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 7:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title): D.O. Cooper		22b. ADDRESS: Tuscumbia Mo	
22c. DATE SIGNED: 28 MAR 1963			
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 30 MARCH 63	23c. NAME OF CEMETERY OR CREMATORY: Dooley	
23d. LOCATION (City, town, or county): Miller Co Mo			
24. FUNERAL DIRECTOR: Keith-M-Kays		25. DATE RECD. BY LOCAL REG.: Mar. 28, 1963	
26. REGISTRAR'S SIGNATURE: Oliver W. Walt			

(Licensed Embalmer's Statement on Reverse Side)

APR 18 1968

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

Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address ELDON - 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.