

FILED MAY 6 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH  
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

68 0016009

## CERTIFICATE OF DEATH

Registration District No. 131 Primary Registration District No. 3023 Registrar's No. 114DO NOT WRITE  
ON THIS STUBVS 300  
Rev. 1/68

9. 1

10a. 81

10b. 2

11. 1

12. 2

13. 4339

14. 60420

15. 4

16. 2

17. 2

18. 2

19. CREDITS

20. 1-0

DECEASED

USUAL RESIDENCE  
WHERE DECEASED  
LIVED. IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION.

PARENTS

CAUSE

CERTIFIER

BU

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1.		Ellen		Anglin	female	April 30 1968		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
4. white		5a. 81	MOS. DAYS	HOURS MIN.	6. Sept 16 1886		Henry	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7a. Clinton		7b. yes		7d. Wetzel Hospital				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. Kansas		9. USA		10. Widowed		11.		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY				
12. 490-05-9302		13a. housewife		13b.				
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER		
14a. Missouri		14b. Henry	14c. Deepwater		14d. yes	14e. in Deepwater		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME			
15.		William		Baublit	Mary Brown			
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. Mrs. Clara King				17b. 120 W. Allen St Clinton, Mo				
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE								
(a) Medullary failure								
DUE TO, OR AS A CONSEQUENCE OF:								
(b) Thrombotic cerebral malacia cerebral hemorrhage								
DUE TO, OR AS A CONSEQUENCE OF:								
(c) Arteriosclerosis								
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH				
		19a. No		19b.				
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.		20b.		20c.	20d.			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)				
20a.		20f.		20g.				
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR	
I ATTENDED THE DECEASED FROM		3	27	67	4	30	68	
21a. DECEASED FROM		21b. TO		21c. HOUR OF DEATH		21d. DID (DID NOT) VIEW THE BODY AFTER DEATH.		
21a. 3-27-67		21b. 4-30-68		21c. 4-30-68		21d. DID		
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		THE DECEASED WAS PRONOUNCED DEAD		MONTH	DAY	YEAR	HOUR	
22a.		22b. 4		22c. 30		22d. 68		
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OF TITLE		DATE SIGNED (MONTH, DAY, YEAR)		
23a. R. E. HARBAUGH		23b. R. E. Harbaugh, M.D.		23c. M.D.		23d. 5-2-68		
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		
23a.		23b. 105 E. OHIO STREET		23c. CLINTON, MO.		23d. 64735		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE				
24a. Burial		24b. Englewood		24c. Clinton Mo				
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
24a. May 4, 1968		24b. Sickman-Dunning F H 218 So 3rd St Clinton, Mo 64735						
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR				
25a. John F. Dickman		25b. Mildred Bigum		25c. May 3, 1968				

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

**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 R. P. Dunning

Licensed Embalmer No. 4310

P. O. Address Clinton 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.