

FILED OCT 21 1968

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

124

STATE FILE NUMBER
68 0040486

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 238

DO NOT WRITE
ON THIS STUDVS 300
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST William Frank Baucom			SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) October 12, 1968		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS 84	UNDER 1 YEAR HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) October 23, 1883	COUNTY OF DEATH Henry	
CITY, TOWN, OR LOCATION OF DEATH Windsor			INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Windsor Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Missouri		CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Bessie Baucom		
SOCIAL SECURITY NUMBER 487-07-0680A		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Retired Farmer	KIND OF BUSINESS OR INDUSTRY Farming			
RESIDENCE—STATE COUNTY Missouri Henry		CITY, TOWN, OR LOCATION Calhoun	INSIDE CITY LIMITS (SPECIFY YES OR NO) NO	STREET AND NUMBER		
FATHER—NAME FIRST MIDDLE LAST William Henry Baucom			MOTHER—MAIDEN NAME FIRST MIDDLE LAST Mary Robinson			
INFORMANT—NAME Bessie Baucom			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Calhoun Missouri			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE						
(a) Circulatory Collapse					Instant	
DUE TO, OR AS A CONSEQUENCE OF:						
(b) Left Heart Failure					2 wks	
DUE TO, OR AS A CONSEQUENCE OF:						
(c) Arteriosclerotic Heart Dis.					10 yrs	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		ALTOGETHER (YES OR NO) No			IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (YES OR NO) No	
Pulmonary Emphysema						
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)			
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)		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR TO	AND LAST SAW HIM/HER ALIVE ON	MONTH DAY YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
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.		HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD			
CERTIFIER—NAME (FULL OR PARTIAL)		SIGNATURE	DEGREE & TITLE	DATE SIGNED (MONTH, DAY, YEAR)		
Wm. J. Smith M.D.		Wm. J. Smith M.D.		10/13/68		
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO. CITY OR TOWN STATE		ZIP		
		103 W. Colt Windsor Mo		65360		
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE			
Burial	Calhoun Cemetery		Calhoun, Missouri			
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
10/14/68	J. E. Nichols Chapel		Box 425, Clinton, Missouri			
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
J. E. Nichols	Mildred Bigam		10-14-68			

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

DECEASED

PARENTS

CAUSE

CERTIFIER

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

9. 0
10a. 84
10b. 5.3
11. 0
12. 1
13. 4123
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 1-0

4.0421

5.3

6.0430

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. E. Nichols*

Licensed Embalmer No. 4997

P. O. Address Clinton, Md.

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.

Permit Obtained
10-14-68
(MMS)