

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 82

1. PLACE OF DEATH
a. COUNTY Grundy
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton
c. LENGTH OF STAY (in this place) 50 years
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Church Trenton, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Grundy
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton 1402
d. STREET ADDRESS (If rural, give location) 1014 McPherson

3. NAME OF DECEASED
a. (First) John
b. (Middle) A.
c. (Last) Baugher.
4. DATE OF DEATH (Month) (Day) (Year) JUNE 3 1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH MAY 18 1900
9. AGE (In years) (Months) (Days) (Hours) (Min.) 51 - 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railway
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Trenton, Mo
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Harlie Baugher.
13b. MOTHER'S MAIDEN NAME LUE ELSA Belshe
14. NAME OF HUSBAND OR WIFE Lulu Baugher.

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. 708-10-7912
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lulu Baugher (wife) Trenton, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH 5 months
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic heart disease 4 years
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4200

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1948, to June 3, 1951, that I last saw the deceased alive on June 2, 1951, and that death occurred at 9:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE C. L. Clark (Degree or title) M.D.
23b. ADDRESS Trenton, Mo.
23c. DATE SIGNED 6-5-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried
24b. DATE JUNE 5, 1951
24c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery
24d. LOCATION (City, town, or county) (State) Trenton, Mo.

DATE REC'D BY LOCAL REG. 6/5/51
REGISTRAR'S SIGNATURE Irene Fair 115
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DAVIS-BLACKMORE TRENTON, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5402
3

JUN 25 1951



JUL 11 1951

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.....

Doyle E. Williamson

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working under my personal supervision.

Student Embalmer No.....

Signed *Doyle E. Williamson*
Student Embalmer

Signed *Raymond A. Davis*
Licensed Embalmer No. 3424

P. O. Address *Greentown, 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 this body is not embalmed, fact should be so stated above.