No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20970

FILED JUL 10 1952

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 90

512

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

1. PLACE OF DEATH
a. COUNTY: Johnson,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 515 South Washington St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa,
b. COUNTY: Crawford,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Denison, 8140
d. STREET ADDRESS (If rural, give location): 1704- 5th. Ave. North. 8

3. NAME OF DECEASED (Type or Print): a. (First) Hallene, b. (Middle) c. (Last) Baughman,

4. DATE OF DEATH (Month) (Day) (Year): July 4th. 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 22, 1902
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk,
10b. KIND OF BUSINESS OR INDUSTRY: J.C. Penny Store
11. BIRTHPLACE (State or foreign country): Oklahoma
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Emmett McIntosh,
13b. MOTHER'S MAIDEN NAME: Myra Small
14. NAME OF HUSBAND OR WIFE: Harold Baughman,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 481-20-3000
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Kenneth Lang, N.Y.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia, acute — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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 2043
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* 23 July, 1952, *to* 7-4-, 1952, *that I last saw the deceased alive on* 7-4-52, 19__, *and that death occurred at* 3:05 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T Reed Madson MD.
23b. ADDRESS: Warrensburg, Missouri
23c. DATE SIGNED: 7-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-4-52
24c. NAME OF CEMETERY OR CREMATORY: Denison Cemetery,
24d. LOCATION (City, town, or county) (State): Denison, Iowa.

DATE REC'D BY LOCAL REG.: July 5, 1952
REGISTRAR'S SIGNATURE: Savannah Cutchfield 147-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: R.A. Brauninger Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 8 1952
JOHNSON COUNTY HEALTH

MAY 5 1953

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 ..... working under my personal supervision.

Student Embalmer No.....

Signed R A Brauninger

Signed.....
Student Embalmer

Licensed Embalmer No. 3377

P. O. Address Warrensburg, M

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.