

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21750**

FILED JUL 2 - 1954

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **82**

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

1. PLACE OF DEATH a. COUNTY Scott b. CITY OR TOWN Sikeston c. LENGTH OF STAY (in this place) 1 Hour d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hospital			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid c. CITY OR TOWN Canalou d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 0720		
3. NAME OF DECEASED a. (First) Dora b. (Middle) — c. (Last) Baughn		4. DATE OF DEATH (Month) (Day) (Year) 5 21 1954			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH 6-6-1888		
9. AGE (In years, last birthday) 65 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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY 0	
11. BIRTHPLACE (City and State or Foreign Country) / Kentucky			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Robbin Midkiff		13b. MOTHER'S MAIDEN NAME Nancy McKinley		14. NAME OF HUSBAND OR WIFE Rev. F. D. Baughn	
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. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mildred Deane Canalou, Mo.	
MEDICAL CERTIFICATION					
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, ashenia, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease DUE TO (c) _____		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 443X		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/21, 1954, to 5/21, 1954, that I last saw the deceased alive on 5/21, 1954, and that death occurred at 7:20 P.M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Wm. C. Critchlow M.D.			23b. ADDRESS Sikeston, Mo.		
23c. DATE SIGNED May 23, 1954					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 23, 1954		24c. NAME OF CEMETERY OR CREMATORY Sikeston, Mo.	
24d. LOCATION (City, town, or county) (State) Sikeston, Mo.					
DATE REC'D BY LOCAL REG. 6-23-54		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Will Taylor Sikeston, Mo.			

DATE RECEIVED JUN 28 1954

SCOTT CO. HEALTH DEPT.

CO. FILE No. 654-125

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 Tris S. Marshall.....

Licensed Embalmer No. 460.....

P. O. Address Superior.....

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.