

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18371

State File No.

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 93

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| 1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u> | |
| b. CITY (If outside corporate limits, write BUREAU and give township) OR TOWN <u>TRENTON</u> | | c. CITY OR TOWN <u>Trenton</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>over 50 yrs.</u> | | e. STREET ADDRESS (If rural, give location) <u>501 W 13th St. 04020</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Wright Memorial Hosp.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> b. (Middle) _____ c. (Last) <u>Baugh</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 2 1955</u> | | |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Nov 27 1888</u> | 9. AGE (To years last birthday) <u>66</u> | IF UNDER 1 YEAR Months <u>7</u> Days <u>5</u> | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>Tingley, Iowa.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Alonza Wohler</u> | 13b. MOTHER'S MAIDEN NAME <u>Melissa TARR.</u> | 14. NAME OF HUSBAND OR WIFE <u>(dec.)</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EMMA CUNNINGHAM</u> ADDRESS <u>Trenton, Mo.</u> |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> <u>10 yrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arthritis Deformans</u> DUE TO (c) <u>4500</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) _____ |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
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22. I hereby certify that I attended the deceased from June 29, 1955, to July 2, 1955, that I last saw the deceased alive on July 1, 1955, and that death occurred at 7 a. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>E. A. Duffy MD</u> (Degree or title) | 23b. ADDRESS <u>Trenton Mo</u> | 23c. DATE SIGNED <u>July 2-55</u> |
|--|--------------------------------|-----------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July 3 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u> | 24d. LOCATION (City, town, or county) (State) <u>Trenton, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>7-2-55</u> | REGISTRAR'S SIGNATURE <u>Jeanne Jar 115</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gordon Blackmore</u> ADDRESS <u>Trenton, Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 8 1958

SEP 9 1958

MAR 10 1958

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. 516 working under my personal supervision..

Student Claude H Crandall Jr.
Signature of Student Embalmer

Signed Gordon Blackmon

Licensed Embalmer No. 46
P. O. Address Renton

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.