

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36614**

FILED OCT 24 1956

BIRTH NO. _____		REG. DIST. NO. <b>312</b>		PRIMARY REG. DIST. NO. <b>500</b>		Registrar's No. <b>2421</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Charlack</b>		c. LENGTH OF STAY (in this place) <b>3 mons</b>		c. CITY OR TOWN <b>Charlack</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8636 Forest Avenue</b>				e. STREET ADDRESS (If rural, give location) <b>8636 Forest Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Virgil</b> b. (Middle) <b>Allen</b> c. (Last) <b>Baughman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 14, 1956</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 8, 1908</b>	
9. AGE (In years last birthday) <b>48</b>		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) <b>District Manager</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Saladmaster Corp</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Marceline, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>							
13a. FATHER'S NAME <b>William S. Baughman</b>			13b. MOTHER'S MAIDEN NAME <b>Rosella Taylor</b>			14. NAME OF HUSBAND OR WIFE <b>Oneita M. Baughman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>442-07-0182</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Oneita M. Baughman 8636-Forest Ave</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary fracture</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 mos.</b>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS			
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 <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) <b>161X</b>			
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 <b>June 23, 1956</b> , to <b>Present</b> , 19____, that I last saw the deceased alive on <b>10-14, 1956</b> , and that death occurred at <b>5:35 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>J. H. Clark D.O.</b>				23b. ADDRESS <b>4 3301 Ashby, St. Ann Mo.</b>		23c. DATE SIGNED <b>10-15-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10-17-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Brookfield, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>10-15-56</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donahue</b>		FUNERAL DIRECTOR'S SIGNATURE <b>William M. ...</b>		ADDRESS <b>2504-Woodson R.A.-Overland, Mo.</b>	

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

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 *Oscar F. Mueller*

Licensed Embalmer No. *3030*

P. O. Address *Overland*

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.