Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-010381
STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 244 Primary Registration District No. 3052 Registrar's No. 115

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1505 S. Ohio St. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN Sedalia 0804 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 2717 S. Ingram — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First JOSEPHINE Middle Last BAUGHER

4. DATE OF DEATH Month March Day 25 Year 1959

5. SEX Female 1

6. COLOR OR RACE White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] 2 **DIVORCED** [ ]

8. DATE OF BIRTH July 30 1891

9. AGE (In years last birthday) 67 — 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 Own Home

11. BIRTHPLACE (City and state or country) Warsaw, Missouri 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Cowan

13b. MOTHER'S MAIDEN NAME Rovella Goff

14. NAME OF HUSBAND OR WIFE John B. Baugher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Joseph Fillicetti, 1505 So. Ohio Address Sedalia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 4500H

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary Edema	5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Congestive Heart Failure	1-2 yrs.
DUE TO (c)	Generalized Arteriosclerosis	2-3 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cancer on neck + throat - Operated Feb. 59

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Mar. 19, '59 to 3-25-59 and last saw her/him alive on 3-25-59
Death occurred at 9:05 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D. R. Kirby D.O. (Degree or title)

22b. ADDRESS 814 W. 16th Sedalia Mo.

22c. DATE SIGNED 3-27-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE March 28, 59

23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery

23d. LOCATION (City, town, or county) Sedalia, Missouri (State)

24. FUNERAL DIRECTOR D. W. Heckart **ADDRESS** Sedalia, Missouri

25. DATE RECD. BY LOCAL REG. Mar 28 1959

26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. All diseases in Part I must be causally related. No symptoms will be listed.

GILLESPIE FUNERAL HOME

APR 9 1969

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 .....

Licensed Embalmer No. 5063

P. O. Address Sedalia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.