

FILED AUG 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24388

BIRTH NO. _____		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 4427		Registrar's No. 96	
1. PLACE OF DEATH a. COUNTY <u>Dulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Phelps</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Waynesville</u>		c. LENGTH OF STAY (in this place) <u>11</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Doolittle</u>		80 60	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dewitt</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>JOHN</u>		a. (First)		b. (Middle)		c. (Last) <u>BAUMAN</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 27 1949</u>	
8. DATE OF BIRTH <u>July 21-1899</u>		9. AGE (In years last birthday) <u>50</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Phelps County mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Louis J. Bauman</u>	
13a. FATHER'S NAME <u>Louis J. Bauman</u>		13b. MOTHER'S MAIDEN NAME <u>Myranda Tripp</u>		14. NAME OF HUSBAND OR WIFE		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>489-16-2492</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bob Bauman</u>		ADDRESS		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.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19. DATE OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
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.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>7-26</u> , 19 <u>49</u> , to <u>7-27</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7-27</u> , 19 <u>49</u> , and that death occurred at <u>10:52</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Eugene J. Luchon M.D.</u>		23b. ADDRESS <u>Waynesville mo</u>		23c. DATE SIGNED <u>7-30-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 29 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Strawman</u>		24d. LOCATION (City, town, or county) (State) <u>Doolittle mo</u>	
DATE REC'D BY LOCAL REG. <u>8-3-49</u>		REGISTRAR'S SIGNATURE <u>Thelma C. Buckthorpe</u>		389 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Johnson</u>		ADDRESS <u>Newburg mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 3 1949

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.

Signed _____

Lee Johnson

Signed _____
Student Embalmer

Licensed Embalmer No. *3392*

P. O. Address *Newburg 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 this body is not embalmed, fact should be so stated above.