No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 5 1949

State File No. 31237

BIRTH NO. _____ REG. DIST. NO. 258 PRIMARY REG. DIST. NO. 5882 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: Osage
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Jackson
c. LENGTH OF STAY (In this place): 4 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural- Jackson Township

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Osage
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Jackson Township
d. STREET ADDRESS (If rural, give location): Rural- Jackson Township

3. NAME OF DECEASED (Type or Print)
a. (First): Martin
b. (Middle):
c. (Last): Baumhoer

4. DATE OF DEATH (Month) (Day) (Year): Sept. 22. 49

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 11, 1867
9. AGE (In years last birthday): 82 — If under 1 year: Months 10, Days 11 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Osage County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Anton Baumhoer
13b. MOTHER'S MAIDEN NAME: Elizabeth Kellerner
14. NAME OF HUSBAND OR WIFE: Catherine Baumhoer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ----- --
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs. Leo Loehner, Koeltztown, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Myocarditis
DUE TO (c)

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 ☐ NO ☒

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) m.
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* Sept 15, 1949, *to* Sept 22, 1949, *that I last saw the deceased alive on* Sept. 22, 1949, *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Moore D.O.
23b. ADDRESS: Argyle, Mo.
23c. DATE SIGNED: 9/23/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-26-49
24c. NAME OF CEMETERY OR CREMATORY: Koeltztown
24d. LOCATION (City, town, or county) (State): Koeltztown, Mo.

DATE REC'D BY LOCAL REG.: 9/23/49
REGISTRAR'S SIGNATURE: Rosa Rowan
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Herman H. Stroop Meta Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
OCT 3 1949
District Health Officer No. 9
District File Number

OCT 14 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. _____,

working under my personal supervision.

Signed Herman R Shop

Signed _____
Student Embalmer

Licensed Embalmer No. 2924

P. O. Address Weto 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.