

FILED SEP 8 1950

STANDARD CERTIFICATE OF DEATH

State File No. **27520**

BIRTH NO. _____		REG. DIST. NO. 207		PRIMARY REG. DIST. NO. 5756		Registrar's No. 31	
1. PLACE OF DEATH a. COUNTY Maries				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Maries			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Jefferson Township)		c. LENGTH OF STAY (If in place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Jefferson Township)			
d. FULL NAME OF HOSPITAL OR INSTITUTION family home				d. STREET ADDRESS (If rural, give location) 0630			
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle) August		c. (Last) Baumgartner	
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug 24th-1882	
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Michel Baumgartner		13b. MOTHER'S MAIDEN NAME Martha Ridenhour		14. NAME OF HUSBAND OR WIFE Emma Baumgartner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 492-12-4467		17. INFORMANT'S SIGNATURE OR NAME Harold Baumgartner			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 8-20				INTERVAL BETWEEN ONSET AND DEATH 2 dys. 1/20/1	
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.)		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 8-20 , 19 50 , to 8-22 , 19 50 , that I last saw the deceased alive on 8-21 , 19 50 and that death occurred at 2:16 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Pauline Howard				23b. ADDRESS Swanville, Mo.		23c. DATE SIGNED 8-24-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/24/50		24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery		24d. LOCATION (City, town, or county) (State) Belle, Maries, County, Mo.	
DATE REC'D BY LOCAL REG. 8-28-50		REGISTRAR'S SIGNATURE Pauline Howard		SEVERAL DEPARTMENT'S SIGNATURE SERVICE C. S. S. Service			

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP - 4 1950

RECEIVED

SEP 14 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Chester Sanner

Signed

Student Embalmer

Licensed Embalmer No. 4178

P. O. Address Bland - Ind.

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.