

FILED SEP 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30222
State File No. _____
REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 4229 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Franklin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Franklin,	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home, 611 Clifton Hgts.		d. STREET ADDRESS (If rural, give location) 611 Clifton Heights.	
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) Henry	
c. (Last) Baumhoefer		4. DATE OF DEATH (Month) (Day) (Year) September 15 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 22nd 1881
9. AGE (In years last birthday) 68		10. IF UNDER 1 YEAR Months Days Hours Mins.	
11. BIRTHPLACE (State or foreign country) Portland, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME William Baumhoefer		13b. MOTHER'S MAIDEN NAME Anna Roeder	
14. NAME OF HUSBAND OR WIFE Mrs. Lydia Zeller Baumhoefer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lydia Baumhoefer, New Franklin, Misso	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Metastatic Carcinoma ANTECEDENT CAUSES Primary Carcinoma of Stomach DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 March 1950		19b. MAJOR FINDINGS OF OPERATION Generalized Metastasis To Liver etc	
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) _____		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 Jan 1 1950 , to Sept 15, 1950 , that I last saw the deceased alive on 9-15, 1950 , and that death occurred at 9:00 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE W. J. Brown M.D.		23b. ADDRESS Jayette Mo	
23c. DATE SIGNED 9-18-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Sept. 17th 1950		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove	
24d. LOCATION (City, town, or county) (State) Boonville, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller, Boonville, Missouri.	
DATE REC'D BY LOCAL REG. 9-18-50		REGISTRAR'S SIGNATURE Mary K. Shell	

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED 9/24

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed ----- 9-26-50 -----

SEP 29 1950

MAR 6 1951

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.....

Walter E. Moyer

Signed.....
Student Embalmer

Licensed Embalmer No. 44910

P. O. Address.....

Boonville, 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.