

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **15724**

FILED MAY 24 1951

S. No. 200
V. 10.48

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>202</u>	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE Mo. b. COUNTY Butler			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		d. STREET ADDRESS (If rural, give location) 313 Valley	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Harrison c. (Last) Baumgardner				4. DATE OF DEATH (Month) (Day) (Year) 5-4-51			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH 12-17-1889	
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months 4 Days 17		IF UNDER 1 HR. Hours Min. 		11. BIRTHPLACE (State or foreign country) Butler Co. Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Baumgardner			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lena Baumgardner		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lena Baumgardner 313 Valley P.B.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia. ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Carcinoma Prostate DUE TO (c) Intestinal Obstruction II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Intestinal Obstruction					INTERVAL BETWEEN ONSET AND DEATH 2 mo 3 years 1 week
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 177X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 <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 <u>2 June</u> , 19 <u>48</u> , to <u>4 May</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>13 April</u> , 19 <u>51</u> , and that death occurred at <u>3:00 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. H. Johnson M.D.				23b. ADDRESS 321 Oak, Poplar Bluff Mo.		23c. DATE SIGNED 8 May 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-8-51		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.	
DATE REC'D BY LOCAL REG. May 18 1951		REGISTRAR'S SIGNATURE Wm. H. Johnson		428		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Phelps-Leuckel Poplar Bluff Mo	

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

RECEIVED

MAY 22 1951

BUTLER CO. HEALTH CENTER

FILE No. 551-221

MAY 2 1951
MAY 26 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, of 5-4-S

Student Embalmer No.

working under my personal supervision.

Student
Student, Embalmer

Signed Phil A. Fenichel

Licensed Embalmer No. 2936

P. O. Address Poplar Bluff 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.