

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

1041

State File No.

FILED FEB 4 1952 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3022 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>St. Clair Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>				c. LENGTH OF STAY (in this place) <u>4 years</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W. of Home</u>				e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Collins</u>			
f. STREET ADDRESS <u>1</u>				g. (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u> b. (Middle) <u>-</u> c. (Last) <u>Baumgardner</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan, 25, 1952</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 15, 1870</u>	
9. AGE (in years last birthday) <u>81</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		11. BIRTHPLACE (State or foreign country) <u>Hickory County Mo;</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME <u>Peter Kauffman</u>				13b. MOTHER'S MAIDEN NAME <u>Sally Cole</u>			
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Pete Baumgarden</u>			
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) <u>Bronchial pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arthritis</u> 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 <u>1</u>				19b. MAJOR FINDINGS OF OPERATION <u>491X</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m. <u>24</u>				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>Jan 1</u> , 1952, to <u>Jan 25</u> , 1952, that I last saw the deceased alive on <u>Jan 24</u> , 1952, and that death occurred at <u>11 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. Walker M.D.</u> (Degree or title)				23b. ADDRESS <u>Clinton Mo</u>			
23c. DATE SIGNED <u>1-25-52</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>1-27-52</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Kings Prairie</u>			
24d. LOCATION (City, town, or county) (State) <u>Gerster Mo</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Florence Adams</u>			
DATE REC'D BY LOCAL REG. <u>Jan 28 1952</u>				25. FUNERAL DIRECTOR'S ADDRESS <u>1222</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student
Student Embalmer

Signed J.B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Presidents Ave

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.