

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17310

State File No.

FILED JUN 13 1952

BIRTH NO.		REG. DIST. NO. <u>230</u>		PRIMARY REG. DIST. NO. <u>5810</u>		Registrar's No. <u>47</u>	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery, Co.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McKittrick, Mo. Rural</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McKittrick, Mo. Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Loutre T.S.P.</u>			
3. NAME OF DECEASED (Type or Print) <u>Charles</u>		a. (First) <u>Louis</u>		b. (Middle) <u>Baur</u>		c. (Last)	
4. DATE OF DEATH <u>June 3rd 1952</u>		(Month) <u>June</u>		(Day) <u>3rd</u>		(Year) <u>1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept 11-1897</u>	
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>McKittrick, Mo. Rural</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Henry C. Baur</u>		13b. MOTHER'S MAIDEN NAME <u>Magdalena Luksinger</u>		14. NAME OF HUSBAND OR WIFE <u>Aida Mae Baur</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Aida M. Baur McKittrick</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>Hypostatic pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malnutrition</u> DUE TO (c) <u>Pneumonia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u> <u>3 yrs.</u> <u>30 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		303X		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) (Minute)		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 <u>Oct. 5, 1945</u> to <u>June 3, 1952</u> , that I last saw the deceased alive on <u>June 3, 1952</u> , and that death occurred at <u>5:12 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. Jones M.D.</u>				23b. ADDRESS		23c. DATE SIGNED <u>6/4/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 6-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Big Spring, M.E.</u>		24d. LOCATION (City, town, or county) (State) <u>Big Spring, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 6-1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. Eunice Bush</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carlton Baker</u>		ADDRESS <u>Ames, Mo.</u>	

432-0 (Licensed Embalmer's Statement on Reverse Side)

7700

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 _____

D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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: