

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18492

BIRTH NO. 1 3 1953		REG. DIST. NO. 160	PRIMARY REG. DIST. NO. 3030	Registrar's No. 51
1. PLACE OF DEATH a. COUNTY <i>Jefferson</i> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Festus Mo</i> c. LENGTH OF STAY (in this place) <i>34 yrs.</i> d. FULL NAME OF HOSPITAL OR INSTITUTION <i>516 N. Mill St.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jefferson</i> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Festus</i> d. STREET ADDRESS (If rural, give location) <i>516 N. Mill St</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>Walter</i> b. (Middle) <i>Bernard</i> c. (Last) <i>Baumann</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 16 - 1953</i>		
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>
8. DATE OF BIRTH <i>Dec 20 - 1885</i>		9. AGE (In years last birthday) <i>76</i> If under 1 year: Months <i>4</i> Days <i>26</i> If under 12 hrs. Hours <i></i> Min. <i></i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Maintenance man</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Festus Mo Waterbury</i>		11. BIRTHPLACE (State or foreign country) <i>St. Genevieve Co. Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>				
13a. FATHER'S NAME <i>Anthony Baumann</i>		13b. MOTHER'S MAIDEN NAME <i>Julia Harter</i>		14. NAME OF HUSBAND OR WIFE <i>Mary Baumann</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>493-09-0249</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mary Baumann Festus Mo</i>
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) <i>Carcinoma of pancreas</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Metastases in liver, stomach, intestinal tract</i> DUE TO (c) <i></i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i></i>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <i>157X</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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. 12, 1953, to May 16, 1953, that I last saw the deceased alive on May 16, 1953, and that death occurred at 8:00 p.m., from the causes and on the date stated above.				
23a. SIGNATURE <i>Elizabeth Doe</i>		23b. ADDRESS <i>Festus Mo</i>		23c. DATE SIGNED <i>5/18/53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>May 19 - 1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Sacred Heart Cem.</i>
24d. LOCATION (City, town, or county) (State) <i>Crystal City Mo</i>				
DATE REC'D BY LOCAL REG. <i>5-18-53</i>		REGISTRAR'S SIGNATURE <i>Handwritten</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Handwritten</i>
		ADDRESS <i>Handwritten</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED MAY 26 1953

FEB 7 1953

MAY 16 1953

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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.

Licensed Embalmer No.

P. O. Address

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.