

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21271

State File No. ....

FILED JUL 13 1953

BIRTH NO. ....

REG. DIST. NO. 128

PRIMARY REG. DIST. NO. 2000

Registrar's No. 609-A

1. PLACE OF DEATH a. COUNTY <b>GREENS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>MT Vernon</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>0550</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Dorothy</b> b. (Middle) <b>Leola</b> c. (Last) <b>Baumann</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 26, 1953</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>m</b>	8. DATE OF BIRTH <b>7-2-05</b>	9. AGE (In years last birthday) <b>47</b>	IF UNDER 1 YEAR Months
IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Saleswoman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Elect. Appliances</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Lawrence Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
13a. FATHER'S NAME <b>Benjamin B. Baugh</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Earl Everett Baumann</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Earl Everett Baumann MT Vernon</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac arrest by inhibition from operative procedure</b> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Hysterectomy, total.</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>214x</b>		
19a. DATE OF OPERATION <b>June 26, 1953</b>	19b. MAJOR FINDINGS OF OPERATION <b>Fibroid uterus, Chronic cervicitis.</b>				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) (Min.)	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 _____, 19____, to <b>June 26, 1953</b> that I last saw the deceased alive on <b>June 26, 1953</b> and that death occurred at <b>10:15 AM</b> from the causes and on the date stated above.					
23a. SIGNATURE <b>Don J. Silsby</b> (Degree or title)			23b. ADDRESS <b>Springfield, Mo</b>		23c. DATE SIGNED <b>7-3-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>6-29-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>L.O.O.F. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>MT Vernon Mo</b>		
DATE REC'D BY LOCAL REG. <b>7-6-53</b>	REGISTRAR'S SIGNATURE <b>Earl Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>May L. Fossett MT Vernon, Mo</b>			

(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.....  
Signature of Student Embalmer

Signed *Max J. Fosic*.....

Licensed Embalmer No. *425*.....

P. O. Address *Wilmington*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.