

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

State File No. **25796**

No. 300
10-48
15-0
1

FILED **JUL 27 1953**

BIRTH NO. _____		REG. DIST. NO. 254		PRIMARY REG. DIST. NO. 4386		Registrar's No. 26		
1. PLACE OF DEATH a. COUNTY Oregon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Oregon				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thayer		c. LENGTH OF STAY (in this place) 59 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thayer		0750		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) ROSA			b. (Middle) EMMA		c. (Last) BAERTSCHI		4. DATE OF DEATH (Month) (Day) (Year) July 15, 1953	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 20, 1880		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) domestic		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Wurtemberg, Germany		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Immanuel Mung			13b. MOTHER'S MAIDEN NAME Rosire Genger		14. NAME OF HUSBAND OR WIFE Mathias Baertschi, dec.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Rosa Baertschi		ADDRESS Thayer, Mo.		
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. — DUE TO (b) Arteriosclerosis DUE TO (c) Rheumatic valvulitis 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)		4500		
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 my , 19 53 , to July 15, 1953 , that I last saw the deceased alive on July 15, 1953 , and that death occurred at 4:45p m., from the causes and on the date stated above.								
23a. SIGNATURE Arthur M. P. Wolf (Degree or title)				23b. ADDRESS Manhattan, Mo.		23c. DATE SIGNED 7-18-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7/18/53	24c. NAME OF CEMETERY OR CREMATORY Clifton Cemetery		24d. LOCATION (City, town, or county) (State) Thayer, Mo.			
DATE REC'D BY LOCAL REG. 7-18-53		REGISTRAR'S SIGNATURE Arthur M. P. Wolf		25. FUNERAL DIRECTOR'S SIGNATURE Richard Carter		ADDRESS Thayer, Mo.		

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

JUL 28 1953

STATEMENT BY LICENSED EMBALMER

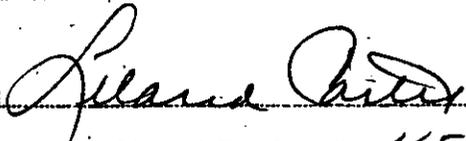
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4516

P. O. Address Shreveport, La.

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.