

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9475

State File No.

FILED APR 12 1954

BIRTH NO. _____ REG. DIST. NO. 5818 PRIMARY REG. DIST. NO. 236 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Moreau Township</u>)		c. LENGTH OF STAY (In high place) <u>Life</u>		c. CITY OR TOWN <u>Versailles</u> <u>0710</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 M. N. E. Versailles</u>			e. STREET ADDRESS (If rural, give location) <u>7 M. N. E. Versailles, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrie</u> b. (Middle) <u>Sarah</u> c. (Last) <u>Baumgartner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 17, 1954</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>Oct. 2, 1865</u>		9. AGE (In years last birthday) <u>88</u>
			IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 1 YEAR Days <u>15</u>	IF UNDER 1 YEAR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Allen Co., Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Adam Basinger</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Garber</u>		14. NAME OF HUSBAND OR WIFE <u>Daniel Baumgartner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Neil Baumgartner Versailles, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic Myocardial Degeneration</u> <u>15 yrs.</u> DUE TO (c) <u>Arteriosclerosis</u> <u>20 yrs.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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)	
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 <u>Mar 13 1954</u> to <u>Mar 17, 1954</u> that I last saw the deceased alive on <u>Feb 7, 1954</u> and that death occurred at <u>3 P. M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>R. F. Eckhoff D.O.</u>			23b. ADDRESS <u>Versailles, Mo.</u>		23c. DATE SIGNED <u>3-20-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>19 Mar. 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Moniteau Co., Mo.</u>
DATE REC'D BY LOCAL REG. <u>3-20-54</u>		REGISTRAR'S SIGNATURE <u>J. L. Washburn</u> <u>214 70</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. F. Kibbell Versailles, Mo.</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.....
Signature of Student Embalmer

Signed *Raymond C. Forke*

Licensed Embalmer No. *46*

P. O. Address *Nassau*

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.