

FILED MAY 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12837

State File No.

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 4389 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>OSAGE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN LINN MO.</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	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 <u>LINN MO. R.F.D.</u>		e. STREET ADDRESS (If rural, give location) <u>2701 LEMP</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEONA</u> b. (Middle) <u>MARGARETE</u> c. (Last) <u>BAUTE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 22-1954</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>Feb. 4 -1880</u>
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>OSAGE COUNTY MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>MILLARD FILMORE</u>	
13b. MOTHER'S MAIDEN NAME <u>MILLIE ROBINSON</u>		14. NAME OF HUSBAND OR WIFE <u>EDW. BAUTE (dec)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Lundy H. Hilfiker, Rose Bud Mo.</u>		ADDRESS _____	
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>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Virus Pneumonitis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Cerebral vascular accident</u> Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u> <u>8 days.</u> <u>2 yrs. ago.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>492x</u>	
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) _____	
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>Nov 16</u> , 19 <u>53</u> , to <u>4-22</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4-22</u> , 19 <u>54</u> , and that death occurred at <u>7:04</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>F. B. Farnsworth, D.O.</u> (Degree or title)		23b. ADDRESS <u>Chenoix, Mo.</u>	
23c. DATE SIGNED <u>4-23-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>4/24/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Picker Cemetery</u>	
24d. LOCATION (City, town, or county) <u>St Louis</u> (State) <u>Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chenoix, Mo.</u> ADDRESS <u>Linn Mo</u>	
DATE REC'D BY LOCAL REG. <u>Apr 27-1954</u>		REGISTRAR'S SIGNATURE <u>T. A. Dubouille</u> 205	

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

MAR 18 1955

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 *Vernon M. Montoye*.....

Licensed Embalmer No. *412*.....

P. O. Address *Lincoln*.....

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.