

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20837

State File No. ....

FILED JUN 20 1955

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>45-15</u>		Registrar's No. <u>38</u>			
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Milan</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY OR TOWN <u>Milan</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				e. STREET ADDRESS (If rural, give location) <u>10-50</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u> b. (Middle) <u>Carnest</u> c. (Last) <u>Bauman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-9-55</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>7-27-1896</u>			
9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cleaner &amp; Presser</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City - Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <u>John H. Bauman</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Sprague</u>			
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>Ester Malone</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWII</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		16. SOCIAL SECURITY NO. <u>WWIT</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ester Bauman</u>		ADDRESS <u>Milan</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Glomerulonephritis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1. myocardial infarction &amp; PTX in situ</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>592 X</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>June 10, 1954</u> to <u>June 9, 1955</u> , that I last saw the deceased alive on <u>June 9, 1955</u> , and that death occurred at <u>11:40 am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Joseph S. Mayall M.D.</u>				23b. ADDRESS <u>Milan, Mo.</u>		23c. DATE SIGNED <u>6-12-1955</u>			
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-12-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Milan Mo</u>			
DATE REC'D BY LOCAL REG. <u>6-15-1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schweitzer</u>		ADDRESS <u>Milan Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

050  
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FEB 26 1957

NOV 28 1957

NOV 7 1957

JUL 1 1958

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..... *Dwight Schoene*

Licensed Embalmer No. *2467*

P. O. Address..... *Wilton Mo*

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.