

Health, Welfare  
Public Service

FILED JUL 23 1957

STANDARD CERTIFICATE OF DEATH

24345

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 72

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Washep</u>		2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>	
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) <u>Wood Camp</u>		c. CITY <u>Keokuk</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christa Home 5th</u>		d. STREET ADDRESS (If outside, give location) <u>Rt 1</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Margaret Ann Bauman</u>			4. DATE OF DEATH Month Day Year <u>6-26-57</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-19-13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	9. AGE (In years last birthday) <u>42</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>7 19</u>	
11. BIRTHPLACE (City and state or country) <u>Smithville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Henry Merritt</u>		13b. MOTHER'S MAIDEN NAME <u>Lessa Alexander</u>		14. NAME OF HUSBAND OR WIFE <u>J M Bauman</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war and dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>J M Bauman Keokuk Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
DUE TO (b) <u>Arterial sclerosis</u>		
DUE TO (c) _____		<u>not known</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)		19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>331X</u>	
20c. TIME OF INJURY . Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from <u>6/21/57</u> to <u>6/26/57</u> and last saw her alive on <u>6/26/57</u> Death occurred at <u>8:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Heallan M.D.</u> (Degree or title)	22b. ADDRESS <u>West Plains, Missouri</u>
22c. DATE SIGNED <u>7/13/57</u>	

23a. BURIAL CREATION, REMOVAL (Specify)	23b. DATE <u>6/27-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Weston</u>	23d. LOCATION (City, town, & county) (State) <u>Weston Mo</u>
24. FUNERAL DIRECTOR <u>Robertson's Mortuary</u> ADDRESS <u>West Plains Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-16-57</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *J. S. Roberts* .....

Licensed Embalmer No. *3432* .....  
P. O. Address *Levent Hall* .....

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.