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Welfare
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All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33103

STATE FILE NUMBER

Registration District No. 314 Primary Registration District No. 6061 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>St Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Clair</u>					
b. CITY (If outside corporate limits, give TOWNSHIP or TOWN) <u>Dallase Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Dallase Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 miles N Weaubleau</u>			Length of stay in lb <u>53 years</u>		d. STREET ADDRESS (If outside, give location) <u>4 miles N Weaubleau</u>			Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>CLARA</u> Middle <u>Ideal</u> Last <u>BAUMGARDEN</u>				4. DATE OF DEATH Month <u>Sept</u> Day <u>4</u> Year <u>1957</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov 16 - 1860</u>		9. AGE (In years last birthday) <u>96</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>18</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>		11. BIRTHPLACE (City and state or country) <u>Weaubleau Co Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>		
13. FATHER'S NAME <u>William Mullennix</u>				14. MOTHER'S MAIDEN NAME <u>Peggy Meredith</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Name <u>Pearl Baumgarten-Weaubleau</u> Address <u>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>Senility</u> DUE TO (b) <u></u> DUE TO (c) <u>794X</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								19. WAS AUTOPSY PERFORMED? 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.)						
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>									
20d. INJURY OCCURRED WHILE AT WORK <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>8-7-53</u> to <u>9-4-57</u> and last saw her alive on <u>9-3-57</u> Death occurred at <u>11:48</u> <u>PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Dr. E. B. Brown DO</u>				22b. ADDRESS <u>Collins</u>		22c. DATE SIGNED <u>9-6-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept 6-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kings Barie</u>		23d. LOCATION (City, town, or county) <u>St Clair Co</u>		(State) <u>MO</u>		
24. FUNERAL DIRECTOR <u>Edwin Matthews</u>			ADDRESS <u>Wheatland Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-7-57</u>		26. REGISTRAR'S SIGNATURE <u>Paul Seavers</u>		

(Licensed Embalmer's Statement on Reverse Side)

