

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005405

STATE FILE NUMBER

FILED MAR 11 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1017

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Wellsville 8150 8
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Length of stay in lb 4 wks.	d. STREET ADDRESS None (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Ethel Baumann			4. DATE OF DEATH Month Day Year Feb. 22, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 9, 1886
9. AGE (In years last birthday) 72	10. FUNDER 1 YEAR Months Days Hours Min.	11. BIRTHPLACE (City and state or country) Wellsville, Kans.	12. CITIZEN OF WHAT COUNTRY? U. S.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Housewife	13a. FATHER'S NAME Robert Harrison
13b. MOTHER'S MAIDEN NAME Emma Batdorf		14. NAME OF HUSBAND OR WIFE Emery Baumann	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Emery Bauman Wellsville Kas.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute Cardiac dilatation			INTERVAL BETWEEN ONSET AND DEATH 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Ampulla of Vater			unknown
DUE TO (c) Biliary cirrhosis, Chronic cholangitis			unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus, gallstones			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			
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 Jan 25, 1959 to Feb 22, 1959 and last saw her alive on Feb 22, 1959 Death occurred at 6:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) Underwood M D		22b. ADDRESS 1000 Prof. Bldg. K.C. Mo.	22c. DATE SIGNED 2-23-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-23-59	23c. NAME OF CEMETERY OR CREMATORY Walnut Creek Cemetery	23d. LOCATION (City, town, or county) (State) Wellsville, Kansas
24. FUNERAL DIRECTOR Stine & McClure	ADDRESS 3235 Gillham Plaza	25. DATE RECD. BY LOCAL REG. 2-24-59	26. REGISTRAR'S SIGNATURE Neva Marshall

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. J. Underwood, Jr.

AUG 27 1962

Mar. 1-1-240

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 *William M. Turner*

Licensed Embalmer No. *4648*
P. O. Address *Kansas City*

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.