

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

59-010435
 STATE FILE NUMBER

FILED MAR 24 1958

Registration District No.

278

Primary Registration District No.

3084

Registrar's No.

34

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Louisiana</u>		c. CITY (If outside, give location) OR TOWN <u>Louisiana</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1122 Iowa St.</u>		d. STREET ADDRESS (If outside, give location) <u>1122 Iowa St.</u>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Baumann</u> Last <u>Baumann</u>		4. DATE OF DEATH Month <u>March</u> Day <u>11</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>Oct 18, 1886</u>
9. AGE (In years last birthday) <u>72</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even retired) <u>Metal Smith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Plumbing</u>	
11. BIRTHPLACE (City and state or country) <u>Hermany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Baumann</u>		13b. MOTHER'S MAIDEN NAME <u>Helena Cottard</u>	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <u>No</u>		15. SOCIAL SECURITY NUMBER <u>430-62-1469</u>	
16. NAME OF HUSBAND OR WIFE <u>Hilda Baumann</u>		17. ADDRESS <u>Louisiana 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>Asystole</u> DUE TO (b) <u>Bilateral Hydronephrosis</u> DUE TO (c) <u>Prostatic Carcinoma</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>177X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>Unknown</u> <u>2 1/2 yrs</u>
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>a.m.</u> Month, Day, Year <u>p.m.</u>		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 <u>Louisiana</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>11/15/58</u> to <u>3/11/59</u> and last saw him alive on <u>3/11/59</u> Death occurred at <u>3:15 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dwight Bilgen</u>		22b. ADDRESS <u>220 N 5th St Louisiana Mo.</u>	
22c. DATE SIGNED <u>March 13/59</u>		22d. SIGNATURE <u>Bernice Collier</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>March 13, 1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>River View</u>		23d. LOCATION (City, town, or county) <u>Louisiana Mo.</u>	
24. FUNERAL DIRECTOR <u>Thermon...</u>		25. DATE RECD. BY LOCAL REP. <u>Mar 23. 59</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

no symptoms will be listed. no diseases in Part I must be causally related.

MAR 21 1937

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. B. Sterne*

Licensed Embalmer No. *4039*
P. O. Address *Louisiana*

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.