

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038621

FILED VS NOV 3 1959 *336*

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. *34*

ENDED

1. PLACE OF DEATH a. COUNTY <i>Shannon</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Shannon</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Winona</i>		Length of stay in 1b		c. CITY OR TOWN <i>Winona</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>Box 305</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Ollie Meade Bauman</i>				4. DATE OF DEATH Month Day Year <i>October 21, 1959</i>				
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>1/25/1883</i>	9. AGE (last birthday) <i>76</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Paragould Ark.</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>		
13a. FATHER'S NAME <i>James B. Green</i>			13b. MOTHER'S MAIDEN NAME <i>Sarah E. Henson</i>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>Ralph N. Phillips</i>		Address <i>Winona, Mo. Box 305</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute poisoning, Uremia</i> DUE TO (b) <i>Glomerulonephritis</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m.	Month, Day, Year							
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 <i>Oct 19-59</i> to <i>Oct 21-59</i> and last saw her alive on <i>Oct 21-59</i> Death occurred at <i>10 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>R N Phillips M.D.</i> (Deceased or title)				22b. ADDRESS <i>Winona Mo</i>		22c. DATE SIGNED <i>10/29-59</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>10/25/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>New City Cemetery</i>		23d. LOCATION (City, town, or county) <i>Winona, Missouri</i>		23e. REGISTRAR'S SIGNATURE <i>Hubert Green</i>		
24. FUNERAL DIRECTOR <i>Duncan Funeral Home Mtn. View, Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>Nov 2, 1959</i>		26. REGISTRAR'S SIGNATURE			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Richard A. Norton

Licensed Embalmer No. 5029

P. O. Address 4 Mt. View

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.