

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-025698

FILED VS JUL 18 1960

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 163

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Audrain			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in 1b Years		c. CITY OR TOWN Mexico		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1009 Fairground		Reside on farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Benjamin F. Middle Baumhoer Last Baumhoer				4. DATE OF DEATH Month July Day 9 Year 1960			
5. SEX Male	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 11-10-02	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months 57 Days 57 Hours 57 Min. 57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic & Salesman		10b. KIND OF BUSINESS OR INDUSTRY Farm Tractor		11. BIRTHPLACE (City and state or country) Wesphalia, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Frank Baumhoer			13b. MOTHER'S MAIDEN NAME Elizabeth Werschai			14. NAME OF HUSBAND OR WIFE Mrs. Pauline Baumhoer	
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. 469-20-3747		17. INFORMANT Address 1009 Fairground Mrs. Pauline Baumhoer Mexico, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Wound dehiscence, post-surgical Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Bleeding marginal ulcer DUE TO (b) Bleeding marginal ulcer DUE TO (c) 10 days 4 days						INTERVAL BETWEEN ONSET AND DEATH 10 days 4 days	
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 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 7:30 a.m. 7:30 p.m.		Month, Day, Year 6-28-60		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 6-28-60 to 7-8-60 and last saw her alive on 7-8-60 Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) W. D. Rodas				22b. ADDRESS 113 E. Monroe, Mexico Mo.		22c. DATE SIGNED 7-11-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-12-60		23c. NAME OF CEMETERY OR CREMATORY Holy Name Cemetery		23d. LOCATION (City, town, or county) (State) Freeburg, Mo.	
24. FUNERAL DIRECTOR Arnold Funeral Home		ADDRESS 510 S. Wash. Mexico, Mo.		25. DATE RECD. BY LOCAL REG. July 11-1960		26. REGISTRAR'S SIGNATURE Blanche Steely	

(Licensed Embalmer's Statement on Reverse Side)

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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert J. M. Donald

Licensed Embalmer No. 4823

P. O. Address

Mexico

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.