

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 10 1960

-60-039385

STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doniphan, (Rural)</u>		c. CITY OR TOWN <u>Doniphan, (Rural)</u>	
Length of stay in 1b <u>25 years.</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) <u>U.S. Hwy. 160.</u> HOSPITAL OR INSTITUTION <u>1 Mi. S.W. of Doniphan</u>		d. STREET ADDRESS (If outside, give location) <u>U.S. Hwy. 160.</u> <u>1 Mi. S.W. of Doniphan</u>	
Yes ☐ No ☒		Reside on Farm Yes ☒ No ☐	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Mary Florence Baumgardner</u>			4. DATE OF DEATH Month Day Year <u>Oct 14, 1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>Jan. 28, 1892</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Ohio County, Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Joseph Midkiff</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Bellamy</u>	
14. NAME OF HUSBAND OR WIFE <u>Geo. Baumgardner</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-40-5722</u>	
17. INFORMANT <u>Earl Baumgardner, Poplar Bluff, Missouri</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>Myocardial Infarction.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours.</u>	
DUE TO (b) <u>Arteriosclerotic Heart Disease.</u>		DUE TO (c) _____		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. ☐ Yes ☐ No ☐ Unknown					

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>6:30</u> AM ☒ PM ☐ Month/Day/Year <u>10/14/60</u>					
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	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>10/12/60</u> to <u>10/12/60</u> and last saw him alive on <u>10/12/60</u> . Death occurred at <u>6:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>Tom Burcham Jr., M.D.</u>	22b. ADDRESS <u>119 State St. Doniphan, Mo.</u>	22c. DATE SIGNED <u>10/19/60</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	23b. DATE <u>Oct. 16, 1960.</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Doniphan Cemetery.</u>	23d. LOCATION (City, town, or county) <u>Doniphan, Missouri.</u>
24. FUNERAL DIRECTOR <u>Ray Means, Doniphan, Missouri.</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 1 - 1960</u>	26. REGISTRAR'S SIGNATURE <u>Flawn Broz</u>	

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 Ray Mearns

Licensed Embalmer No. 3743

P. O. Address Donipham,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.