

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-048891

FILED VS JAN 18 1961

Registration District No. 301 Primary Registration District No. 4456 Registrar's No. 6

STATE FILE NUMBER

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.</u>		Length of stay in 1b <u>5 days.</u>		c. CITY OR TOWN <u>Doniphan.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ripley Co. Memorial Hospital.</u>				d. STREET ADDRESS (If outside, give location) <u>Route 4.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Nina Smatha Baumgardner.</u>				4. DATE OF DEATH Month Day Year <u>Dec. 23, 1960.</u>			
5. SEX <u>female.</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>Jan. 13, 1896.</u>	
9. AGE (last birthday) <u>69.</u>		10. IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) <u>Dunklin Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
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>Dunklin Co., Mo.</u>	
13a. FATHER'S NAME <u>James Walker Gordon.</u>				13b. MOTHER'S MAIDEN NAME <u>Sally Berry.</u>		14. NAME OF HUSBAND OR WIFE <u>Abe 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>None.</u>		17. INFORMANT Address <u>Abe Baumgardner, Doniphan, 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>Cardiac Failure.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease.</u> DUE TO (c) <u>3 yr.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pneumonitis.</u> 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 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 <u>Sept. 1960</u> to <u>Dec. 23, 1960</u> and last saw her alive on <u>Dec. 23, 1960</u> Death occurred at <u>11:00</u> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Ross R. Burcham, Jr., M.D.</u>				22b. ADDRESS <u>119 State St., Doniphan, Mo.</u>		22c. DATE SIGNED <u>12/28/60.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 25, 1960.</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Pine Cemetery.</u>		23d. LOCATION (City, town, or county) (State) <u>Ripley Co., Missouri.</u>	
24. FUNERAL DIRECTOR <u>Ray Means, Doniphan, Missouri.</u>				25. DATE REC'D. BY LOCAL REG. <u>1-14-61</u>		26. REGISTRAR'S SIGNATURE <u>Flawn Broz</u>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 28 1961

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.