

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024522

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 85 Primary Registration District No. 5306 Registrar's No. 8

STATE FILE NUMBER

FILED JUL 26 1961

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST MARTINS, MO.		c. CITY OR TOWN ST. MARTINS, MO.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Marion Township		d. STREET ADDRESS Marion Township	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First HELEN Middle MARGARET Last BAUMANN			4. DATE OF DEATH JULY 19, 1961 Month JULY Day 19 Year 1961		
5. SEX Female	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 2/29/88	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months 1 Days 20 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ST. MARTINS, MO.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME HENRY SCHULTE		13b. MOTHER'S MAIDEN NAME THRESA TAUBE		14. NAME OF HUSBAND OR WIFE WILLIAM A BAUMANN	
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. NONE		17. INFORMANT WILLIAM A BAUMANN J C MO. Address	

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>Arteriosclerotic Cardiovascular Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>7-5 yrs</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Osteo arthritis</i>		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
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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 checked="" 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
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21. I attended the deceased from 1955 to July 19, 1961 and last saw her/him alive on 6-21-61
Death occurred at 10:40 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>L. B. Kleber MD</i>	(Degree or title)	22b. ADDRESS <i>712 W High - Jefferson City Mo</i>	22c. DATE SIGNED <i>7-21-61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/22/61	23c. NAME OF CEMETERY OR CREMATORY St Martins, Mo.	23d. LOCATION (City, town, or county) St Martins, Mo.	(State)
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24. FUNERAL DIRECTOR <i>Jefferson Under</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. July 22	26. REGISTRAR'S SIGNATURE <i>Minnie Hittman</i>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

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 _____
Licensed Embalmer No. 4321
P. O. Address Jefferson City

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.