

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016433

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

301

Primary Registration District No.

36

Registrar's No.

FILED MAY 9 1962

1. PLACE OF DEATH

a. COUNTY

Ripley

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Doniphan, Rural

Length of stay in lb

26 years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

1 Mi. S. W. of Doniphan U.S.

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Ripley

c. CITY

OR

TOWN

Doniphan, Rural

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)

1 Mi. S. W. of Doniphan, US Hwy 160

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

George

Middle

A.

Last

Baumgardner

4. DATE

OF

DEATH

April

Month

20

Day

1962

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3/19/1881

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

Agriculture

11. BIRTHPLACE (City and state or country)

Ripley Co. Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Abraham M. Baumgardner

13b. MOTHER'S MAIDEN NAME

Hannah M. Stigers

14. NAME OF HUSBAND OR WIFE

Florence baumgardner(deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

unknown

17. INFORMANT

L. E. Baumgardner, Doniphan, Missouri

Address 701 Plum St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction, suspected

INTERVAL BETWEEN

ONSET AND DEATH

1 hr.

DUE TO (b)

Arteriosclerotic heart disease

5 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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

a.m.

p.m.

Month, Day, Year

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

June 1961

to April 1962

and last saw him alive on 3/15/62

Death occurred at

1:00

a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Tom R. Burcham, Jr., M.D.

Degree or title

22b. ADDRESS

Doniphan, Missouri

22c. DATE SIGNED

5-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

April 22, 1962

23c. NAME OF CEMETERY OR CREMATORY

Doniphan Cemetery

23d. LOCATION (City, town, or county)

Doniphan, Missouri

(State)

24. FUNERAL DIRECTOR

Ray Means, Doniphan, Missouri

ADDRESS

25. DATE RECD. BY LOCAL REG.

4-22-62

26. REGISTRAR'S SIGNATURE

Flava Broz

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 Ray M. Carter

Licensed Embalmer No. 3743

P. O. Address Donipham, Mo.

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.

Permit issued - 4-22-62
J.B.