

FILED MAY 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17061
State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 170

480

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Blue</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Blue Township. Rural. 0480</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cogan Lane Rt. 2</u>		d. STREET ADDRESS (If rural, give location) <u>Cogan Lane Rt 2 Box 234</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>C.</u> c. (Last) <u>BAESCHLIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 1, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 29, 1875</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cooper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cooper</u>	11. BIRTHPLACE (State or foreign country) <u>New York City, New York</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>George Baeschlin</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Josephine Baeschlin</u>
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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>496-01-2035</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Josephine Baeschlin</u>	ADDRESS <u>Cogan Lane</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Secondary Anemia</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Retention of urine</u> DUE TO (c) <u>Prostatectomy</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>610X</u>	

19a. DATE OF OPERATION <u>Feb 6 1950</u>	19b. MAJOR FINDINGS OF OPERATION <u>Hypertrophied Prostate</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>
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22. I hereby certify that I attended the deceased from Jan 1, 1950, to May 2, 1950, that I last saw the deceased alive on May 2, 1950, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John Greenman</u>	(Degree or title)	23b. ADDRESS <u>Farm Mt. Park Mo</u>	23c. DATE SIGNED <u>5/2/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 3, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson County, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>May 2-1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	354	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Indep. Mo.</u>
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MAY 1 5 1950

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
Student Embalmer

Signed Dixon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Indep. 2nd

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 this body is not embalmed, fact should be so stated above.