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10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41757

FILED DEC 27 1950

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Louisiana</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Bowling Green of P.O.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>U</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>	b. (Middle)	c. (Last) <u>Baumgartner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-12-50</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>12-3-50</u>
9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>Sheridan Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Fred Baumgartner</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>LENA JOHNSON</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>486347567</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Alphonse Groce</u>
		ADDRESS

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, asphyxia, 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>Generalized Coronaromatosis</u>		<u>3 mo</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ca of Stomach</u>		<u>1 yr.</u>
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>151X</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-31-, 1950, to 12-12-, 1950, that I last saw the deceased alive on 12-11-, 1950, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. H. Kewellen</u> (Degree or title)	23b. ADDRESS <u>Louisiana Mo</u>	23c. DATE SIGNED <u>12/13/50</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12 14 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Clements</u>
		24d. LOCATION (City, town, or county) (State) <u>St. Clements Mo</u>

DATE REC'D BY LOCAL REG. <u>Dec. 14, 1950</u>	REGISTRAR'S SIGNATURE <u>Berniece Collier</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Bankhead Bowling Green Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: DEC 2 19
DISTRICT HEALTH OFFICE
District File Number 12
Date Filed: DEC 2 19

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

Harold C. Kink

Licensed Embalmer No. *4597*

P. O. Address *Bowling Green*

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.