

FILED OCT 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33973

State File No.

485
1

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 379

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>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>	
c. LENGTH OF STAY (in this place) <u>8 Mo</u>		d. STREET ADDRESS (If rural, give location) <u>1920. Ewanston</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1920 Ewanston</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ralph</u>		b. (Middle) <u>Jacob Baumgarner</u>	
c. (Last) <u>Baumgarner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 11, 1951</u>	
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>April 30, 1889</u>
9. AGE (In years last birthday) <u>62</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Saw Mill</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>William J. Baumgarner</u>		13b. MOTHER'S MAIDEN NAME <u>Mary M. Long</u>	
14. NAME OF HUSBAND OR WIFE <u>Nina Baumgarner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Nina Baumgarner</u>		ADDRESS <u>Indep. Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Rectum</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) <u>with generalized metastases</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Generalized arteriosclerosis</u>	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>154X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	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 <u>Aug 1</u> , 1951, to <u>October 10</u> , 1951, that I last saw the deceased alive on <u>10/10</u> , 1951, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Edward B. Hoffer MD</u> (Degree or title)		23b. ADDRESS <u>310 S. Main</u>	
23c. DATE SIGNED <u>10/11/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 13, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Father's Bur.</u>	24d. LOCATION (City, town, or county) (State) <u>Hemansville, Mo</u>
DATE REC'D BY LOCAL REG. <u>Oct. 12-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dixon L. Kelly</u>	ADDRESS <u>Indep. Mo</u>

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

OCT 16 REC'D

OCT 5 1962

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Difton L. Kelsey*

Licensed Embalmer No. *4225*

Signed.....
Student Embalmer

P. O. Address *Indep. 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 this body is not embalmed, fact should be so stated above.