

FILED FEB 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2223

2223

BIRTH NO.		REG. DIST. NO. 273	PRIMARY REG. DIST. NO. 3051	Registrar's No. 13
1. PLACE OF DEATH a. COUNTY PERRY CO		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY STE. GENEVIEVE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PERRYVILLE		c. LENGTH OF STAY (in this place) 3 DAYS	c. CITY OR TOWN STE. GENEVIEVE	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION PERRY CO. MEMORIAL		No. STREET ADDRESS (If rural, give location) 504 SCOTT ST A501		
3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) THERESA c. (Last) BAUMAN			4. DATE OF DEATH (Month) (Day) (Year) JAN 19 1956	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 2 1883	9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) OZORA MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME AUGUST OTTE		13b. MOTHER'S MAIDEN NAME THERESA ISEHMAN	14. NAME OF HUSBAND OR WIFE JOSEPH H. BAUMAN	
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'S SIGNATURE OR NAME AND ADDRESS Milbert Bauman Ste. Genevieve Mo	
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, ashenia, 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) Cardiac arrest (surgery)			2 hours
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Liver Abscess DUE TO (c) Diabetes Mellitus			5 days 3 years
19a. DATE OF OPERATION 19 Jan 56	19b. MAJOR FINDINGS OF OPERATION Liver Abscess 582x			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 16 Jan, 1956 to 19 Jan, 1956 that I last saw the deceased alive on 19 Jan, 1956, and that death occurred at 1:30 p.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) M. H. Grayson, MD		23b. ADDRESS Perryville Mo		23c. DATE SIGNED 5 JAN 20 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) -	24b. DATE JAN 21 1956	24c. NAME OF CEMETERY OR CREMATORY VALLEY SPRING	24d. LOCATION (City, town, or county) (State) STE. GENEVIEVE MO	
DATE REC'D BY LOCAL REG. 1-21-56	REGISTRAR'S SIGNATURE J. Zellner 256	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Res. C. Bauman Ste. Genevieve Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

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 *Adrian J. Eller*.....

Licensed Embalmer No. *474*.....

P. O. Address *St. Joseph*.....

**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.**