

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **5279**

No. 300  
10.48

FILED FEB 27 1956

REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5569** Registrar's No. **75**

BIRTH NO. _____		REG. DIST. NO. <b>146</b>		PRIMARY REG. DIST. NO. <b>5569</b>		Registrar's No. <b>75</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> admission)			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural - Brooking</b> )		c. LENGTH OF STAY (in this place) <b>20 Yrs.</b>		c. CITY OR TOWN <b>R.P. Hickman Mills</b>		d. Is Residence within limits of a city or incorporated town? Yes <b>XXX</b> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>84th &amp; Pershing Rd.</b>				e. STREET ADDRESS (If rural, give location) <b>84th &amp; Pershing Rd.</b> <b>1000</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Julia</b> b. (Middle) <b>Mari</b> c. (Last) <b>Bauman</b>			4. DATE OF DEATH (Month) <b>Feb</b> (Day) <b>12</b> (Year) <b>1956</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Jan 9 1901</b>	
9. AGE (In years last birthday) <b>55</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Homemaking</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>McDonald County, Ill</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Homemaking</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>McDonald County, Ill</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>John Samuels</b>			13b. MOTHER'S MAIDEN NAME <b>Alba Bghtol</b>			14. NAME OF HUSBAND OR WIFE <b>Samuel H. Bauman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Patricia Bauman - 84th. &amp; Pershing Rd.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 mo.</b>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PERICARDITIS &amp; EFFUSION</b>					
		ANTECEDENT CAUSES Aford conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ATYPICAL VIRUL PNEUMONIA &amp; MOS.</b>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bilateral pleural effusion</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>492x</b>				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 <b>Dec 30, 1955</b> , to <b>Feb 12, 1956</b> , that I last saw the deceased alive on <b>Dec 11, 1956</b> , and that death occurred at <b>1:05 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>James M. Mauck, Jr. M.D.</b>				23b. ADDRESS <b>5715 Blue Ridge, K.C. Mo</b>		23c. DATE SIGNED <b>2-13-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb 15 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>	
DATE REC'D BY LOCAL REG. <b>2-15-56</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b> <b>354</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>FLORAL HILLS MEMORIAL CHAPELS, INC. K.C. MO</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Will. Bryant  
5775 Tolson Rd.

**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 *Lloyd C. McCard*.....

Licensed Embalmer No. *4853*.....

P. O. Address *H. C. M.*.....

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.