

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004898  
STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 75 Primary Registration District No. 5299 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <b>Clinton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>CLINTON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LATHROP TOWNS.</b>		c. CITY OR TOWN <b>LATHROP TOWNS.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If outside, give location) <b>3MI. N. TURNEY</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Charles Nicholas BAUMAN</b>		4. DATE OF DEATH Month Day Year <b>FEB-18-1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 8, 1899</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>TURNEY - MO</b>
13a. FATHER'S NAME <b>Nicholas Bauman</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Eckert</b>	14. NAME OF HUSBAND OR WIFE <b>Dorsie L. Bauman</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>498-42-2789</b>	17. INFORMANT <b>Ms Dorsie L. Bauman, TURNEY, MO</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac arrest</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Occlusion</b>			<b>5-10 min.</b>
DUE TO (c) <b>Arteriosclerosis</b>			<b>10 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4281</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>October 1958</b> to <b>Feb. 1959</b> and last saw her alive on <b>2-18-59</b> Death occurred at <b>8:50 a</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Sted Warren, D.O.</b>		22b. ADDRESS <b>Lathrop, Mo.</b>	22c. DATE SIGNED <b>2-19-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<b>BURIAL</b>	<b>FEB 20 59</b>	<b>OSBORN CEMETERY</b>	<b>OSBORN - MO</b>
24. FUNERAL DIRECTOR <b>DeMoss CRUNK, Cameron, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Feb 24-59</b>	26. REGISTRAR'S SIGNATURE <b>Francis D Crawford</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Docu, Coroner, etc. must use only standard non-communicable to treat 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Debra M. Leunk* .....

Licensed Embalmer No. *2533*.....  
P. O. Address *Hammermen, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.