

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-037474

FILED VS NOV 15 1960

37

Registration District No. Primary Registration District No. 4049 Registrar's No. 49

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centralia		Length of stay in 1b		c. CITY OR TOWN Columbia		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Way Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 2		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last SALLIE WILL BAUMGARTNER				4. DATE OF DEATH Month Day Year November 9, 1960					
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH July 1 - 1880	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) ✓		12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME Thomas Crews			13b. MOTHER'S MAIDEN NAME Mollie Sinclair			14. NAME OF HUSBAND OR WIFE Christian Baumgartner <i>deceased</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service)			16. SOCIAL SECURITY NO. ██████████		17. INFORMANT ██████████			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia							INTERVAL BETWEEN ONSET AND DEATH 36 hrs.		
DUE TO (b) Infermites of Old age							1 year		
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Fractured R. Femur (neck) 1 1/2 years							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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 a.m. Month, Day, Year ██████████			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 7-19-49 to 11-9-60 and last saw her alive on 11-5-60 Death occurred at 10:35 AM m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) POBaker DO				22b. ADDRESS Centralia MO			22c. DATE SIGNED 11-9-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov-11-1960	23c. NAME OF CEMETERY OR CREMATORY Millersburg Cem.		23d. LOCATION (City, town, or county) (State) Millersburg, Mo.				
24. FUNERAL DIRECTOR Carkers Funeral Service, Columbia Mo.				25. DATE RECD. BY LOCAL REG. Nov-9-1960		26. REGISTRAR'S SIGNATURE Maud Mc Bride			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 22 1960

Handwritten notes on the left side of the page.

Handwritten signature and notes in the center of the page.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul J. Feinberg

00-2-11

00-9-11

PH-PA
MAY 28 1961

Licensed Embalmer No. 413

P. O. Address San Diego

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.