

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014184

STATE FILE NUMBER

042

1000

528

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

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF  
E. Peterson, M.D.  
MEDICAL CERTIFICATIONUSE BLACK INK  
OR  
TYPEWRITER RIBBON1. PLACE OF DEATH  
FILED MAY 14 1962a. COUNTY  
BUCHANANb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN  
ST. JOSEPHLength of stay in 1b  
10 DAYSc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION  
MO. METHODIST HOSPITALInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE  
KANSASb. COUNTY  
DONIPHANc. CITY  
OR  
TOWN  
WATHENAInside Limits  
Yes ☒ No ☐d. STREET ADDRESS  
(If outside, give location)  
509 COURT, STREETReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
HILDAMiddle  
E.Last  
BAUMAN4. DATE  
OF  
DEATHMonth  
MAYDay  
8,Year  
19625. SEX  
FEMALE6. COLOR OR RACE  
WHITE7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
3/24/18949. AGE (last birthday)  
68IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR.  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
HOUSE WORK10b. KIND OF BUSINESS OR INDUSTRY  
OWN HOME11. BIRTHPLACE (City and state or country)  
DONIPHAN CO., KANSAS12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

PETER HARTMAN

13b. MOTHER'S MAIDEN NAME

(UNKNOWN)

14. NAME OF HUSBAND OR WIFE

JOHN E. BAUMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
NO16. SOCIAL SECURITY NO.  
NONE17. INFORMANT  
JOHN E. BAUMAN - WATHENA, KANSAS18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac insufficiency - pulmonary edema  
Coronary occlusion - mural thrombosisINTERVAL BETWEEN  
ONSET AND DEATH

2 days

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Emboli to coronary + cerebral circulation - Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.  
Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐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 1956 to 5-8-62 and last saw her alive on 5/8/62

Death occurred at 3:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
REMOVAL23b. DATE  
MAY 8, 196223c. NAME OF CEMETERY OR CREMATORY  
BELLEFONT CEMETERY23d. LOCATION (City, town, or county)  
WATHENA, KANSAS

(State)

24. FUNERAL DIRECTOR

ADDRESS

HARMAN FUNERAL HOME-WATHENA, KANSAS

25. DATE RECD. BY LOCAL REG.

May 11, 1962

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

**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 Charles M. Herman

Licensed Embalmer No. 4487

P. O. Address WATHENA, KANSAS

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.