

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20502

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 5926		Registrar's No. 125	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia Flat Creek Rural		c. LENGTH OF STAY (in this place) 2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Catholic community center				d. STREET ADDRESS (If rural, give location) R.F.D. 4.			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Joseph c. (Last) Bahner				4. DATE OF DEATH (Month) (Day) (Year) June 5 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH June 28 1936	
9. AGE (In years last birthday) 12		10. IF UNDER 1 YEAR Months 11		11. IF UNDER 1 YEAR Days 7		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) Sedalia Mo				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Dan J. Bahner				13b. MOTHER'S MAIDEN NAME Viola R. Hall		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dan J. Bahner Rt #4 Sedalia	
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, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 7298 42							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMEIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Catholic Community Center		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sedalia Flat Creek Pettis Missouri			
21d. TIME OF INJURY June 5 1949 1 P.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Drowning			
22. I hereby certify that I attended the deceased from 19, that I last saw the deceased alive on 19, and that death occurred at 1 P.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Chas. Gordon Stauffer, M.D.						23b. ADDRESS Carmichael Co. - Sedalia	
23c. DATE SIGNED 6-6-49							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-7-49		24c. NAME OF CEMETERY OR CREMATORY Calvary			
24d. LOCATION (City, town, or county) (State) Sedalia Mo							
DATE REC'D BY LOCAL REG. 6-7-49		REGISTRAR'S SIGNATURE Betty Yeager		25. FUNERAL DIRECTOR'S SIGNATURE M ^e Laughlin Bros			
ADDRESS Sedalia							

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 13 REC'D

RECEIVED

District Health Officer No. 5,

District File Number _____

Date Filed 6-15-49

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.

Signed _____

KPM Crary

Signed _____

Student Embalmer

Licensed Embalmer No. 3153

P. O. Address Sedalia 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 this body is not embalmed, fact should be so stated above.