

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12537

State File No.

BIRTH NO.		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>5439</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Canaan Twp.</u>		c. LENGTH OF STAY (In this place) <u>3 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville, Mo.</u>		<u>1370</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Owensville R.F.D.</u>				d. STREET ADDRESS (If rural, give location) <u>208 E. Lincoln Ave.</u>			
3. NAME OF DECEASED (Type or Print) Emma		a. (First)		b. (Middle) Wilhelmina		c. (Last) Bayer	
4. DATE OF DEATH		(Month) April		(Day) 15,		(Year) 1950	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>April 27, 1879</u>		9. AGE (In years last birthday) <u>70</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>her self</u>		11. BIRTHPLACE (State or foreign country) <u>Owensville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Peter Poppenhouse</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bahn</u>		14. NAME OF HUSBAND OR WIFE <u>Henry J. Bayer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>***</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edgar Smith</u> ADDRESS <u>Owensville, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular-renal syndrome with terminal decompensation</u> 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. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>13 mos.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 <u>3-14</u> , 19 <u>49</u> , to <u>4-15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-15</u> , 19 <u>50</u> , and that death occurred at <u>1 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul A. Brummett, M.D.</u>				23b. ADDRESS <u>Owensville, Mo.</u>		23c. DATE SIGNED <u>4-18-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-18-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ev. & Ref. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Owensville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 19, 1950</u>		REGISTRAR'S SIGNATURE <u>Barthelme Naekman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melford H. H. White</u>		ADDRESS <u>OWENSVILLE</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED 4-24-52
District Health Officer No. 9,
District File Number

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 me

Student Embalmer No.

working under my personal supervision.

Signed

Malford H. H. Winter

Signed.....
Student Embalmer

Licensed Embalmer No. 3838

P. O. Address Owensville, 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.