

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5444 State File No. 23233

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>13883</u>		Registrar's No. <u>13883</u>	
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Nebraska</u> b. COUNTY <u>Beatrice</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Athens Twp.</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Beatrice</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Lloyd</u>		b. (Middle) <u>Willie</u>		c. (Last) <u>Bauer</u>	
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>23</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 27, 1914</u>	
9. AGE (If years last birthday) <u>36</u>		10. MONTHS <u>1</u>		11. DAYS <u>26</u>		12. IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accounting Service</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <u>Scribner, Neb.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Walter Bauer</u>				13b. MOTHER'S MAIDEN NAME			
14. NAME OF HUSBAND OR WIFE <u>Lois Larsen Bauer</u>				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. <u>506-090385</u>				17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. George Larsen - Racine, Wis.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture, Crushed Chest</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>broken leg - Car accident</u> DUE TO (c) <u>on No 4 highway</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On highway No 4</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Beatrice</u> (COUNTY) <u>Gentry</u> (STATE) <u>Mo</u>			
21d. TIME OF INJURY <u>July 23-1950 3P.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car accident on highway No 4</u>			
22. I hereby certify that I attended the deceased from <u>July 23, 1950</u> , to <u>July 23, 1950</u> , that I last saw the deceased alive on <u>July 23, 1950</u> , and that death occurred at <u>2:55 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles N. Williamson</u> (Degree or title) <u>Registrar</u>				23b. ADDRESS <u>Gentry Mo</u>			
23c. DATE SIGNED <u>July 25-1950</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 25-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Beatrice, Nebraska</u>		24d. LOCATION (City, town, or county) (State) <u>Beatrice, Nebraska</u>	
DATE REC'D BY LOCAL REG. <u>July 28-50</u>		REGISTRAR'S SIGNATURE <u>Edith Childs</u>		430		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clifford Bishop Albany Mo</u>	

(Licensed Embalmer's Statement of Reverse Side)

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

SEP 7 1950
AUG 16 1950



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

working under my personal supervision.

Student Embalmer No.

Signed

Califford B. Brown

Signed.....
Student Embalmer

Licensed Embalmer No. 3329

P. O. Address Albany 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.