

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33022**
Registrar's No. **236**

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 236			
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City			c. LENGTH OF STAY (in this place) 8yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City			0264		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital				d. STREET ADDRESS (If rural, give location) 1306 E. Atchison					
3. NAME OF DECEASED (Type or Print) Annie Baer			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Oct. 17 1950			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 6 1870		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 11	IF UNDER 24 HRS. Hours 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own		11. BIRTHPLACE (State or foreign country) Belle, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Fred Runge			13b. MOTHER'S MAIDEN NAME Minnie Jens		14. NAME OF HUSBAND OR WIFE John Henry Baer				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mo. ADDRESS Mrs Otto Engelbrecht Jefferson City					
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism (Ext) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Site of Origin per determined DUE TO (c) Arteriosclerosis (Generalized)						INTERVAL BETWEEN ONSET AND DEATH 4500		
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) (Min.)		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 10-1-1950 to 10-18-1950 , that I last saw the deceased alive on 10-18-1950 , and that death occurred at 11:45 AM , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) W. H. McKeally M.D.			23b. ADDRESS Jefferson City Mo			23c. DATE SIGNED 10-20-50			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Oct. 19 1950	24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.				
DATE REC'D BY LOCAL REG. Oct. 20-1950		REGISTRAR'S SIGNATURE R.P. Harris, M.D. - NR. 68			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Verto Busscher Jefferson City Mo.				

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

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RECEIVED 7/17/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 11-2-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Victor Buescher

Signed.....

Student Embalmer

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.