

S. No. 300
V. No. 48
0804

FILED APR 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>119</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>7 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Williams Township</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi. S.W. of Cole Camp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Bothwell Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emil</u> b. (Middle) <u>Daniel</u> c. (Last) <u>Bahrenburg</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>April 1, 1951</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 17, 1890</u>	
9. AGE (In years last birthday) <u>60</u>		10. MONTHS <u>5</u>		11. DAYS <u>14</u>		12. IF UNDER 18 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Frederick Bahrenburg</u>		13b. MOTHER'S MAIDEN NAME <u>Christian Goetz</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Etta Bockelman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara Bahrenburg, Cole Camp, 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>Metastatic Basal Cell Carcinoma</u> ANTECEDENT CAUSES <u>due to (b) Carcinoma</u> DUE TO (c) <u>-</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 ☐ NO ☒							
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 1</u> , 19 <u>51</u> , to <u>April 1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>April 1</u> , 19 <u>51</u> , and that death occurred at <u>9:30 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>David R. Edwards M.D.</u>				23b. ADDRESS <u>Sedalia, Mo.</u>		23c. DATE SIGNED <u>4-2-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 5</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Emmanuel Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>Benton County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/3/51</u>		REGISTRAR'S SIGNATURE <u>Clara Bahrenburg</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Harold Perry</u>		ADDRESS <u>Cole Camp, Mo.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-9-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 4-9-51 _____

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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4097

P. O. Address Cole Camp, 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.