

**STANDARD CERTIFICATE OF DEATH**

State File No. **655**

No. 306 **FILED JAN 16 1952**  
 10.48 Dr. Sugarbaker

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jefferson City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Jefferson City, Mo</b>	
c. LENGTH OF STAY (In this place) <b>35yrs</b>		d. STREET ADDRESS (If rural, give location) <b>St. Mary's Hospital</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Alma</b> b. (Middle) <b>Jean</b> c. (Last) <b>Bauer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 8 1952</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May-11-1916</b>	9. AGE (In years last birthday) <b>35</b>	IF UNDER 1 YEAR Months   Days	IF UNDER 24 HRS. Hours   Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Jefferson City, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Oliver Bassman</b>	13b. MOTHER'S MAIDEN NAME <b>Alma Moore</b>	14. NAME OF HUSBAND OR WIFE <b>John N. Bauer,</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>J.N. Bauer, Jefferson City, Missouri</b>	ADDRESS <b>Jefferson City, Missouri</b>
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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) <b>Carcinoma of breast with metastases</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 mos</b>
	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.		

19a. DATE OF OPERATION <b>6-11-51</b>	19b. MAJOR FINDINGS OF OPERATION <b>as above</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>Jefferson City, Missouri</b>
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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?
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22. I hereby certify that I attended the deceased from **6-10**, 1951, to **1-8**, 1952, that I last saw the deceased alive on **1-7**, 1952, and that death occurred at **3 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. D. Sugarbaker M.D.</b>	(Degree or title)	23b. ADDRESS <b>503 E. High Jefferson City, Mo</b>	23c. DATE SIGNED <b>1-8-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan-10-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Jan 8-1952</b>	REGISTRAR'S SIGNATURE <b>R. P. Davis M.D.</b>	FUNERAL DIRECTOR'S SIGNATURE <b>W. H. ...</b>	ADDRESS <b>Jefferson City, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 15 1952

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed JAN 15 1952

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.

Student .....  
Student Embalmer

Signed *John J. Adams*

Licensed Embalmer No. 1986

R.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.