

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 18 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>15 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>3224 Lafayette Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3224 Lafayette Street</u>		d. STREET ADDRESS (If rural, give location) <u>3224 Lafayette Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Agnes</u>		b. (Middle) <u>Olive</u>	
c. (Last) <u>Bauer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 4, 1952.</u>	
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>January 22, 1864</u>
9. AGE (in years last birthday) <u>88</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>A thome</u>	11. BIRTHPLACE (State or foreign country) <u>Zanesville, Ohio.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Thomas W. Sanford</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Ward</u>	
14. NAME OF HUSBAND OR WIFE <u>Mike Bauer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>*****</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Arthur F. Buckbee</u>		ADDRESS <u>St. Joseph, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca of Stomach</u>  ANTECEDENT CAUSES Morbidity 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>Generalized arteriosclerosis</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>151X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 (Month) (Day) (Year) (Hour) OF INJURY _____		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>10-12, 1948</u> , to <u>2-4</u> , 1952, that I last saw the deceased alive on <u>2-3</u> , 1952, and that death occurred at <u>7:50A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Iwin Horental</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>St Joseph Mo</u>	
23c. DATE SIGNED <u>2-5-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 6, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 13, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>	
25. GENERAL DIRECTOR'S SIGNATURE <u>Walter Reichgoffer</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_ \*\*\*\*\*

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working under my personal supervision.

Student Embalmer No. .... \*\*\*\*\*

Signed

*Arthur C. Harrington*

Signed.....\*\*\*\*\*  
Student Embalmer

Licensed Embalmer No. 3258 Missouri

P. O. Address. St. Joseph, Missouri.

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.