

FILED APR 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13542**

BIRTH NO. _____		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 5725		Registrar's No. 48	
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Robt Macon Hudson 10 days		c. LENGTH OF STAY (In this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Emden 103A		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Hilhveth Osteopathic Sanatorium							
3. NAME OF DECEASED (Type or Print) a. (First) Carl		b. (Middle) Otto		c. (Last) Bauerrichter		4. DATE OF DEATH (Month) (Day) (Year) April 13 1952	
5. SEX W		6. COLOR OR RACE M		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH May 14, 1875	
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE, (State or foreign country) Missouri (Shelby County)		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Herman Bauerrichter			13b. MOTHER'S MAIDEN NAME Henrietta Hendrix			14. NAME OF HUSBAND OR WIFE None	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Oliver Latimer, Emden, Mo.			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Paralysis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombotic Leucothalowalacia DUE TO (c) Cerebral Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 2 days 2 weeks 10 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X				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 OF INJURY (Month) (Day) (Year) (Hour)		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 April 3, 1952 , to April 13, 1952 , that I last saw the deceased alive on April 13, 1952 , and that death occurred at 10:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) F. M. Stull M.D.				23b. ADDRESS St. Hilhveth Osteopathic Sanatorium - Macon, Mo.		23c. DATE SIGNED April 14, 1952	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 4-15-52		24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery		24d. LOCATION (City, town, or county) (State) Knox County, Missouri	
DATE REC'D BY LOCAL REG. 4/16/52		REGISTRAR'S SIGNATURE Ruth McNeely		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Hayes Shelbina, Missouri			

(Licensed Emballer's Statement on Reverse Side)

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

RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County File No. 45288
Date Filed 4-29-52

APR 30 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 *Paul E. Haynes*

Licensed Embalmer No. 4461

P. O. Address *Shelburne, 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.