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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1657

FILED FEB 15 1954

5574 State File No.

BIRTH NO. REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside limits of city, TOWN) <u>Bureau Jewett</u>		c. CITY (If outside limits of city, TOWN) <u>Bureau Jewett</u>	
c. LENGTH OF STAY (in this place) <u>5 year</u>		d. STREET ADDRESS (If rural, give location) <u>T 127 Lake Lotawana 2000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>T-127 Lake Lotawana</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Bertha</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Bauman</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>1-31-54</u>

5. SEX <u>F</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2-22-1906</u>	9. AGE (In years last birthday) <u>47</u>	if UNDER 1 YEAR Months	if UNDER 11 HRS. Days	if UNDER 11 HRS. Hours	if UNDER 11 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William H. Wagner</u>	13b. MOTHER'S MAIDEN NAME <u>Bella Wagner</u>	14. NAME OF HUSBAND OR WIFE <u>Milton L. Bauman</u>
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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 <u>Milton L. Bauman</u>	ADDRESS <u>T 127 Lake Lotawana</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>4 1/2 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>of Brain - from Ca</u>		
	DUE TO (c) <u>of Breast</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>12-7-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Brain scripted from rt to left. Softened brain in biopsies</u>	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)
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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 12-1, 1953, to 12-22, 1953, that I last saw the deceased alive on 12-22, 1953, and that death occurred at 9:20 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Donald F. Coppin, M.D.</u>	23b. ADDRESS <u>411 Nichols Road</u>	23c. DATE SIGNED <u>2-1-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>1-1-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Faust Hill</u>	24d. LOCATION (City, town, or county) (State) <u>K.C. MO</u>
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DATE REC'D BY LOCAL REG. <u>2-1-1954</u>	REGISTRAR'S SIGNATURE <u>D. B. Langford</u>	483	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mabel Funeral Home</u>	ADDRESS <u>K.C. MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 19 1954

**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.....  
Student Embalmer

Signed *J. S. Walters*

Licensed Embalmer No. *2744*

P. O. Address *K.C. 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.