

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2030

FILED JAN 18 1954

BIRTH NO. REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5758 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brinktown, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brinktown, Mo.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0630	
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Bauer c. (Last) Bauer		4. DATE OF DEATH (Month) (Day) (Year) Jan. 13, 1954.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 23, 1866
9. AGE (In years last birthday) 87		10. IF UNDER 1 YEAR 9 IF UNDER 14 HRS. 20 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Osage County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Peter Bauer		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Barbara Bauer		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.		17. INFORMANT'S SIGNATURE OR NAME Herman Bauer, Brinktown, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiplegia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis & hypertension 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		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? 334X 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)		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 1-12-54 , 19__, to 1-13/54 , 19__, that I last saw the deceased alive on 1-12-54 , 19__, and that death occurred at 12:55Am. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) D.O. 2		23b. ADDRESS Vienna, Missouri	
23c. DATE SIGNED 1/15/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1/16/54		24c. NAME OF CEMETERY OR CREMATORY Guardian Angel	
24d. LOCATION (City, town, or county) (State) Brinktown, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE McBummingham	
DATE REC'D BY LOCAL REG. 1-15-54		REGISTRAR'S SIGNATURE Pauline Howard	
26. ADDRESS Vienna, Mo.		27. (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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

W. C. Birmingham

Licensed Embalmer No.

3664

P. O. Address

Chapman St.

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.