

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10902**

BIRTH NO. FILED APR 8 1954		REG. DIST. NO. 337		PRIMARY REG. DIST. NO. 4495		Registrar's No. 22	
1. PLACE OF DEATH a. COUNTY Shelby				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethel				c. CITY OR TOWN Bethel		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)				f. STREET ADDRESS (If rural, give location) 1020			
3. NAME OF DECEASED (Type or Print)		a. (First) Lulu		b. (Middle) IRENE		c. (Last) Bauer	
4. DATE OF DEATH (Month) (Day) (Year) Mar 31 1954		5. SEX F		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH JAN 8 1877		9. AGE (In years last birthday) 77		10. IF UNDER 1 YEAR Months 2 Days 23		11. IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Drug Store Operator Drugs + Sundries				10b. KIND OF BUSINESS OR INDUSTRY Bethel, Missouri			
11. BIRTHPLACE (City and State or Foreign Country) Bethel, Missouri		12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME John George Bauer		13b. MOTHER'S MAIDEN NAME Luisa STORK	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) L		16. SOCIAL SECURITY NO. L		17. INFORMANT'S SIGNATURE OR NAME Mrs. Marion Hammerman ADDRESS Bethel, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute renal failure INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hrs ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic glomerulonephritis 1 yr. DUE TO (c) Stroke change plus infarct & bed 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 592 X		20. AUTOPSY? 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) (Min.)		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 Jan. 1953 , to March 1954 , that I last saw the deceased alive on 3/27 , 1954, and that death occurred at 10:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE J. H. Henschler, Jr. (Degree or title)				23b. ADDRESS Bethel, Mo.		23c. DATE SIGNED 4/1/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 3-1954		24c. NAME OF CEMETERY OR CREMATORY Hebron		24d. LOCATION (City, town, or county) (State) 1 mile N.W. Bethel, Mo.	
DATE REC'D BY LOCAL REG. Apr-1-54		REGISTRAR'S SIGNATURE Ada Garrison 419-0		25. FUNERAL DIRECTOR'S SIGNATURE Chas. Meserve ADDRESS Bethel, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

1 APR

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 Self, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C. W. Musgrave

Licensed Embalmer No. 271

P. O. Address Bethel, N.H.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.