

FILED JUL 7 1954

# STANDARD CERTIFICATE OF DEATH

State File No. **19901**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 113

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Phelps</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u>		c. CITY OR TOWN <u>Rolla</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>7 months</u>		e. STREET ADDRESS (If rural, give location) <u>602 West 2nd St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>McFarland Nursing Home</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>LAUNA</u> b. (Middle) <u>ISABELLE</u> c. (Last) <u>BAUER</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>June 26, 1954</u>		
<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	
<b>8. DATE OF BIRTH</b> <u>March 14, 1887</u>		<b>9. AGE</b> (In years last birthday) <u>67</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS: Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Domestic</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>0</u> <u>Maries County, Missouri</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>					

<b>13a. FATHER'S NAME</b> <u>Gilbert O. Crismon</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Una Jergens</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Henry</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Henry Bauer</u>	
<b>ADDRESS</b> <u>Rolla, Mo.</u>					

<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral Thrombosis</u>		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			<u>2 days</u>
DUE TO (b) <u>Hypertensive Cardiovascular Disease</u>		DUE TO (c) <u>Left Hemiplegia</u>			<u>3 yrs</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					<u>8 Mo.</u>

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>443X</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Rolla Phelps Mo.</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

22. I hereby certify that I attended the deceased from 10-28, 1954, to 6-26, 1954, that I last saw the deceased alive on 6-24, 1954, and that death occurred at 8:20A m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>R.V. Geim Jr.</u>		<b>23b. ADDRESS</b> <u>M.D. 213 West 8 Rolla, Mo</u>		<b>23c. DATE SIGNED</b> <u>6/28/54</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>June 20, 1954</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Dixon Cemetery</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Dixon, Missouri</u>					

<b>DATE REC'D BY LOCAL REG.</b> <u>June 28, 1954</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Nadine L. Stoll</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Paul P. Null</u>	
				<b>ADDRESS</b> <u>Null &amp; Sons Funeral home Rolla, Mo.</u>	

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.....  
Signature of Student Embalmer

Signed..... *Paul E. N...*

Licensed Embalmer No..... *449*

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