

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33225

State File No. _____

No. 300
10.48

FILED NOV 10 1954

BIRTH NO. _____		REG. DIST. NO. <u>389</u>		PRIMARY REG. DIST. NO. <u>5173</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Summit Township</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Summit Township</u>		0140	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 miles N.E. Cedar City</u>				d. STREET ADDRESS (If rural, give location) <u>8 miles N.E. Cedar City</u>			
3. NAME OF DECEASED a. (First) <u>Robert George</u> b. (Middle) <u>Baurichter</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4, 1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 30, 1891</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>4</u>		IF UNDER 24 Hrs. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Hopewell, Warren Co. Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Herman Baurichter</u>		13b. MOTHER'S MAIDEN NAME <u>Diana Mueller</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Baurichter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>World War #1</u>		16. SOCIAL SECURITY NO. <u>#1</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Minnie Baurichter Holt Summit, Mo</u>			
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) <u>cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension -</u> DUE TO (c) <u>arterio-sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>?</u> <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 <u>Mar. 7, 1954</u> to <u>Nov. 4, 1954</u> that I last saw the deceased alive on <u>2 Nov.</u> , 1954, and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James G. Miller Doct</u>				23b. ADDRESS <u>Jefferson city</u>		23c. DATE SIGNED <u>5 Nov. 54</u>	
24a. SERIAL CREMATION REMOVAL (If any)		24b. DATE <u>Nov 6 - 1954</u>		24c. NAME OF CEMETERY OR CREMATOR <u>National Cemetery Jefferson City Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 9 - 54</u>		REGISTRAR'S SIGNATURE <u>Felix Clapp</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buesch</u>		ADDRESS <u>Jefferson City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 16 1954

NOV 16 1954

NOV 18 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Victor Busch

Licensed Embalmer No. 3701

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.