

FILED JAN 17 1955

# STANDARD CERTIFICATE OF DEATH

State File No. ....

124

BIRTH NO. _____		REG. DIST. NO. <u>31</u>		PRIMARY REG. DIST. NO. <u>4040</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Benton</u> <span style="float: right;"><u>0080</u></span>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <span style="float: right;"><u>0080</u></span>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emilie</u>			b. (Middle) <u>Caroline</u>		c. (Last) <u>Bauer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 10th 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept 10th 1908</u>		9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>0</u>	IF UNDER 6 mos. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cole Camp Missouri</u> <span style="float: right;"><u>0</u></span>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Louis Bauer</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Balke</u>		14. NAME OF HUSBAND OR WIFE -----		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-20-8411</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mabel Davis Baldwin Kansas</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						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tumor of Anterior Lobe of Brain</u>						<u>about 14 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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 <u>2-9-1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>Tumor of Anterior Lobe of Brain</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) <u>Cole Camp Benton MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>12-1-1954</u> to <u>1-10-1955</u> , that I last saw the deceased alive on <u>1-10-1955</u> , and that death occurred at <u>4:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. R. Reser M.D.</u>				23b. ADDRESS <u>Cole Camp Mo.</u>		23c. DATE SIGNED <u>1-12-1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 13, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cole Camp Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Cole Camp Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Jan 13, 1955</u>		REGISTRAR'S SIGNATURE <u>E. L. Eickhoff</u> <span style="float: right;"><u>394</u></span>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. L. Eickhoff Cole Camp Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

JAN 18 1955

**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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp Mo

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

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