

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7611

FILED APR 15 1955

State File No. \_\_\_\_\_

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

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>122</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ozage</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City 11 hours</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Rich Fountain</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Charles E. Still</u>				e. STREET ADDRESS (If rural, give location) <u>0769</u>			
3. NAME OF DECEASED (Type or Print) <u>ROBERT BAUER</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>4-10-55</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>15 Dec. 1897</u>	
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>3</u>		IF UNDER 2 HRS. Hours <u>25</u> Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Selfemployed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New York City, N. Y.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Viola Ruder</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Robert Bauer, Richfountain, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cellulitis severe</u> DUE TO (c) <u>Ludwig's angina</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Septic mouth severe</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u> <u>3 days</u> <u>6 days</u> <u>years</u>
19a. DATE OF OPERATION <u>4-10-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Tracheotomy</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>Rich Fountain, 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>4-9-1955</u> , to <u>4-10-1955</u> ; that I last saw the deceased alive on <u>4-10-1955</u> , and that death occurred at <u>11 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Norman W. Baldwin D.O.</u>				23b. ADDRESS <u>Lincoln, Mo.</u>		23c. DATE SIGNED <u>4/10/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>13 April 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart</u>		24d. LOCATION (City, town, or county) (State) <u>Richfountain, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 12-55</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis MD JR</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clyde Norton Lincoln Mo</u>			

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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 *Vernon M. Norton*.....

Licensed Embalmer No. *412*

P. O. Address *Linn*.....

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.