

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7663**

FILED APR 4 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **84** PRIMARY REG. DIST. NO. **5316** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY OR TOWN <b>Rand (Pilot Grove) Clark</b>	c. LENGTH OF STAY (in this place) <b>5 1/2</b>	c. CITY OR TOWN <b>Pilot Grove</b>	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 <b>3 miles west of Pilot Grove</b>		e. STREET ADDRESS (If rural, give location) <b>3 miles west of Pilot Grove</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH</b> b. (Middle) <b>-</b> c. (Last) <b>BAUER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 24, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>April 10, 1884</b>	9. AGE (In years last birthday) <b>70</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Koenigsheim, Germany</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Franz J. Bauer</b>	13b. MOTHER'S MAIDEN NAME <b>Maria Anna - Rosa Reuter Bauer</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <b>495-12-0475</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Helen Simon, St. Louis, Mo.</b>	ADDRESS
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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) <b>Cardiac Decompensation</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Valvular Lesions</b> over 5 years DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **1921**, 19, to **March 24, 1955**, that I last saw the deceased alive on **March 24, 1955**, and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Neely D. J.</b>	23b. ADDRESS <b>Pilot Grove Mo</b>	23c. DATE SIGNED <b>3-25-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>March 26, 55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Clear Creek Ceme</b>	24d. LOCATION (City, town, or county) (State) <b>Pilot Grove, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Mar 26-1955</b>	REGISTRAR'S SIGNATURE <b>Hellie Mullett 73</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hays - Painter, Pilot Grove, Mo.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

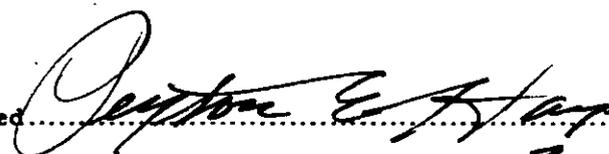
APR 5 1955

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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.....  


Licensed Embalmer No. 327

P. O. Address Pilot Knob

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.