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FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10093

State File No. 10093

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 460

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b>		b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>		c. LENGTH OF STAY (in this place) <b>6 Mo.</b>		c. CITY OR TOWN <b>Cape Girardeau</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McFarland Nursing Home</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
STREET ADDRESS		(If rural, give location) <b>1400 New Madrid St.,</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>			b. (Middle)			c. (Last) <b>BAER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 14, 1956</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>		8. DATE OF BIRTH <b>June 13, 1880</b>		9. AGE (in years last birthday) <b>85</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teamster</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <b>Hancock County, Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Joseph Baer</b>			13b. MOTHER'S MAIDEN NAME <b>Jane Johnson</b>			14. NAME OF HUSBAND OR WIFE <b>Tisha M. Baer, Deceased</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Homer Bolon</b>			ADDRESS <b>Cape Girardeau</b>		

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, asthenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <b>2 wks.</b>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>pneumonia, bronchial</b>							
		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. <b>Senility Senile dementia</b>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <b>491X</b>			
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 8-29, 1955 to 3-14, 1956, that I last saw the deceased alive on 8-29, 1955 and that death occurred at 2:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <b>E.E. Favid m.p.</b>		(Degree or title)		23b. ADDRESS <b>Rolla mo</b>		23c. DATE SIGNED <b>3-15-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Mar. 14, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cape Girardeau</b>		24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau Mo.,</b>	
DATE REC'D BY LOCAL REG. <b>Mar. 16, 1956</b>		REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Null &amp; Sons Funeral Home</b>		ADDRESS <b>Rolla Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number 356

Date Filed MAR 21 1956

MAR 27 1956

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. Ne...*

Licensed Embalmer No... *44*

P. O. Address... *Rolla*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.