

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16870**

FILED MAY 28 1956

BIRTH NO. 3156256 REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 59

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

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg</u>		c. LENGTH OF STAY (in this place) <u>45 Minutes</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Clinic</u>		e. STREET ADDRESS (If rural, give location) <u>05120</u>	

3. NAME OF DECEASED (Type or Print) <u>Baby Michale Theodore Bauer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 12, 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 12, 1956</u>		9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>45</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Warrensburg, Missouri</u>	
13a. FATHER'S NAME <u>Theodore H. Bauer</u>			13b. MOTHER'S MAIDEN NAME <u>Carolyn Sue Carpenter</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>B. M. Carpenter</u>	
				ADDRESS <u>Orriok, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature separation of placenta</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</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) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prematurity</u>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7615</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)		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 5-12, 1956, to 5-12, 1956, that I last saw the deceased alive on 5-12-56, 1956, and that death occurred at 1:02 A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Warrensburg Mo</u>		23c. DATE SIGNED <u>5/12/56</u>	
---	--	------------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 12, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Villisca Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Villisca, Iowa</u>	

DATE REC'D BY LOCAL REG. <u>May 12, 1956</u>		REGISTRAR'S SIGNATURE <u>Savannah Creek</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>B. W. Good Orriok, Mo.</u>	
--	--	---	--	---	--

RECEIVED  
MAY 21 1956  
JOHNSON COUNTY HEALTH DEPT.

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. 4  
working under my personal supervision..

Student 12 .....  
Signature of Student Embalmer

Signed Charles J. Tyler .....  
Licensed Embalmer No. 45  
P. O. Address Liberty

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