

FILED JUL 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20114

STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>		2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>GASCONADE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HERMANN</u>		c. CITY OR TOWN <u>HERMANN</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>GOETHE ST.</u>		d. STREET ADDRESS <u>GOETHE ST.</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in lb <u>7 YRS</u>			

3. NAME OF DECEASED (Type or print) First <u>WILBERT</u> Middle <u>JOHN</u> Last <u>BAUR</u>		4. DATE OF DEATH <u>JUNE 18-1956</u> Month <u>JUNE</u> Day <u>18</u> Year <u>1956</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT-10-1908</u>
9. AGE (In years last birthday) <u>52</u>		10. IF UNDER 1 YEAR Months <u>52</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MUSHROOM INDUSTRY</u>	
11. BIRTHPLACE (City and state or country) <u>BIG SPRINGS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>US.</u>	
13. FATHER'S NAME <u>JOHN BAUR</u>		14. MOTHER'S MAIDEN NAME <u>ANNA VAN STRAATON</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>495-12-3376</u>	
17. INFORMANT <u>MARIE BAUR</u> Address <u>HERMANN MO</u>			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CYANIDE POISONING</u>		INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

9718

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <u>9</u> a. m. <u>0</u> p. m. <u>0</u> Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at About 9 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>George M. Workman, M.D.</u>	22b. ADDRESS <u>HERMANN, MO</u>	22c. DATE SIGNED <u>6-19-56</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>6-21-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HERMANN CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>HERMANN MO</u>
24. FUNERAL DIRECTOR <u>HUGO H. Blum</u>	25. DATE RECD. BY LOCAL REG. <u>6-21-56</u>	26. REGISTRAR'S SIGNATURE <u>Delma Gerken</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Hugot Benner

Licensed Embalmer No. 31

P. O. Address *Herman*

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