FILED MAY 13 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 13821

Registration District No. 178 Primary Registration District No. 5665 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: LEWIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Salem township — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: Lewis
c. CITY OR TOWN: Ewing 0560 0 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS: 3 miles West (If outside, give location) — Reside on Farm Yes ☒ No ☐

0560 / 1

3. NAME OF DECEASED (Type or print): First SOPHIA Middle Victoria Last BAUERRICHTER

4. DATE OF DEATH: Month May Day 7 Year 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Jan 25 1875

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Lewis Co. Mo 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Fedrick Feighenspan

14. MOTHER'S MAIDEN NAME: Hannah Mollenhauer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT Address: Mrs. George Jones, Ewing, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardio-vascular-renal — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

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): Senility 442X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 April 7, 1955 to May 7, 1957 and last saw her him alive on Mar. 26, 1957. Death occurred at 5:15 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harry L. McFarlane M.D.

22b. ADDRESS: La Belle, Missouri

22c. DATE SIGNED: 5/8/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: May 9

23c. NAME OF CEMETERY OR CREMATORY: Asbury

23d. LOCATION (City or town, and State): 2 E. Steffenville Mo

24. FUNERAL DIRECTOR — ADDRESS: Thomas Ball Ewing Mo

25. DATE RECD. BY LOCAL REG.: 5-10-57

26. REGISTRAR'S SIGNATURE: P. W. Jennings M.D.

(Licensed Embalmer's Statement on Reverse Side)

E.L.

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securing the medical certification in the specific manner required by 193.140 RSMo 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 embalmed by me, or by ....., Student Embalmer No. ~~4905~~ working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed L. M. Crabill

Licensed Embalmer No. 490

P. O. Address Ewing, Va

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.