

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16538

State File No. _____

FILED JUN 6 1957

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 186

0264
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MARIES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>	c. CITY OR TOWN <u>DIXON, MO</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST MARY'S HOSPITAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CATHERINE</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>BAUER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 1 1957</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2 MARCH 1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	9. AGE (In years last birthday) <u>73</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>29</u> IF UNDER 48 HRS. Hours <u>1</u> Min. <u>57</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>BERNARD LUEBBERT</u>		13b. MOTHER'S MAIDEN NAME <u>MARY KLOEPPEL</u>	
14. NAME OF HUSBAND OR WIFE <u>LOUIS BAUER</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give <input checked="" type="checkbox"/> or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>LOUIS BAUER DIXON, MO.</u> ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u> ANTECEDENT CAUSES (b) <u>(ventral hernia)</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		5613	
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>5/31</u> , 19 <u>57</u> , to <u>6/1</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>5/31</u> , 19 <u>57</u> , and that death occurred at <u>4:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Type or Print) <u>[Signature]</u>		23b. ADDRESS <u>503 E. High St. G. C. No. 9/1/57</u>	
23c. DATE SIGNED <u>6/1/57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>4 JUNE 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GUARDIAN ANGELS</u>	
24d. LOCATION (City, town, or county) (State) <u>BRINKTOWN Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>St. Louis</u>	
DATE REC'D BY LOCAL REG <u>1 June 1957</u>		REGISTRAR'S SIGNATURE <u>R. P. DORRIS, MD - MR.</u>	

JUN 13 1957

JUN 19 1957

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.....
H. C. B. Cunningham

Licensed Embalmer No. 360

P. O. Address *Penna*

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.