

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16927

State File No.

FILED MAY 20 1957

1951

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1951</u>	
1. PLACE OF DEATH a. COUNTY <u>WACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Harrisonville</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>1 DAY</u>		c. CITY OR TOWN <u>Cainesville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>Box 111</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stanley</u>		b. (Middle) <u>Winton</u>		c. (Last) <u>Bauer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 24 1957</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>MAR 31 1930</u>	
9. AGE (In years last birthday) <u>27</u>		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) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Los Angeles, Calif.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Chas. Bauer</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Stanley</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
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 ADDRESS <u>Helen Bauer, Cainesville, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 months</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) _____					
		II. OTHER SIGNIFICANT CONDITIONS - <u>cardiac hypertrophy</u> <u>cerebral edema</u> <u>pulmonary edema</u>				<u>2 mos</u> <u>1 mo</u> <u>1 day</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
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 <u>April 23</u> , 1957, to <u>April 24</u> , 1957, that I last saw the deceased alive on <u>April 24</u> , 1957, and that death occurred at <u>5 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) of <u>William F. Sanders M.D.</u>				23b. ADDRESS <u>411 N. Idaho Rd. K.C. Mo</u>		23c. DATE SIGNED <u>4/24/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>4-24-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion's Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Cainesville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-25-57</u>		REGISTRAR'S SIGNATURE <u>Neve Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stoklassa Mortuary, Cainesville, Mo</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
William F. Sanders



MAY 20 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..... *John R. Bidmo*

Licensed Embalmer No. *453*

P. O. Address *Kansas City*

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.