

FILED OCT 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31374

STATE FILE NUMBER

Registration District No. 119

Primary Registration District No. 5435

Registrar's No. 23

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BOEUF TWP		c. CITY OR TOWN 637 Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 14 mi. S. of Hermann		d. STREET ADDRESS 14 mi. S. of Hermann Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOYCE Middle HELEN Last BAUER		4. DATE OF DEATH Month SEPT. Day 29 Year 1957	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 2-1957
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) Hermann Mo
13a. FATHER'S NAME FRED R. BAUER		13b. MOTHER'S MAIDEN NAME EDNA BIEBER	14. NAME OF HUSBAND OR WIFE FRED R. BAUER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT FRED R. BAUER Address REDA Hermann Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHIAL PNEUMONIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) (NO DOCTOR IN ATTENDANCE) DUE TO (c) (FOOND DEAD IN BED)			INTERVAL BETWEEN ONSET AND DEATH 17 YRS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 491X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input 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 . Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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: Death occurred at (Sunday) 1:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hugo H. Blumer (Degree or title) Coroner		22b. ADDRESS HERMANN Mo	22c. DATE SIGNED 9/29/57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9/30/57	23c. NAME OF CEMETERY OR CREMATORY BIEBER CEMETERY	23d. LOCATION (City, town, or county) (State) RFA Hermann Mo
24. FUNERAL DIRECTOR Hugo H. Blumer ADDRESS HERMANN Mo	25. DATE RECD. BY LOCAL REG. 9/30/57	26. REGISTRAR'S SIGNATURE Delma Uffelman	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 _____

Licensed Embalmer No. 3160
P. O. Address Hermann Y

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.