

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 12 1957

State File No. **36840**

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 458	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri			
b. CITY OR TOWN Sedalia		c. LENGTH OF STAY (in this place) 9 yrs		c. CITY OR TOWN Sedalia		d. 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 1011 So. Harrison				e. STREET ADDRESS (If rural, give location) 1011 So. Harrison			
3. NAME OF DECEASED a. (First) Rosalie			b. (Middle) _____	c. (Last) BAHNER		4. DATE OF DEATH (Month) (Day) (Year) Nov 3 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 3 1871		9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) St Cloud Minn.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Louis Mochenhaupt			13b. MOTHER'S MAIDEN NAME Pfeiffer		14. NAME OF HUSBAND OR WIFE Louis Bahner		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Laurence Bahner ADDRESS Sedalia			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arterio-Sclerotic Heart Disease, Ch.				INTERVAL BETWEEN ONSET AND DEATH _____	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-Sclerotic Ch.					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Ch.					
19a. DATE OF OPERATION X		19b. MAJOR FINDINGS OF OPERATION X				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4200			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR X			
22. I hereby certify that I attended the deceased from 50 Nov 3 1957 , that I last saw the deceased alive on Nov 3 1957 , and that death occurred at 100 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE W. B. Beckenwelder M.D. (Degree or title)				23b. ADDRESS Sedalia MO		23c. DATE SIGNED 11/4/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-5-57	24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) Sedalia MO		
DATE REC'D BY LOCAL REG. 11-5-57		REGISTRAR'S SIGNATURE Frances Shelby		25. FUNERAL DIRECTOR'S SIGNATURE Mrs Laughlin Bros		ADDRESS Sedalia	

(Licensed Emballer's Statement on Reverse Side)

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

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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. 3153

P. O. Address Sadalea

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.