

pt. Health,  
, & Welfare  
S. Public  
alth Service

FILED DEC 3- 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40996  
STATE FILE NUMBER

Registration District No. 177-13 Primary Registration District No. 3008 Registrar's No. 5

S. 300  
ev. 1-57

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RFD, Verona, Mo.</b>		c. CITY OR TOWN <b>RFD Verona</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RFD Verona</b>		d. STREET ADDRESS (If outside, give location) <b>RFD Verona</b>	
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>F.</b> Last <b>Bauer</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>24</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 16, 1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Madison County, Ill.</b>
13a. FATHER'S NAME <b>Henry Bauer</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Betzold</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. Alvin Meyer, Verona, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Bronchogenic carcinoma of lungs diagnosed 4-8-57 - inoperable</b>			INTERVAL BETWEEN ONSET AND DEATH <b>not known</b>
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)			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 a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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 <b>April 8, '57</b> to <b>11-24-57</b> and last saw <sup>her</sup> alive on <b>Nov. 22, '57</b> Death occurred at <b>12:30</b> <sup>am</sup> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Robert P. Douley M.D.</b> (Degree or title)		22b. ADDRESS <b>Mount St. Joe</b>	22c. DATE SIGNED <b>Nov 25, '57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-26-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Liberty</b>	23d. LOCATION (City, town, or county) (State) <b>Lawrence County, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>J. D. Buchanan, 301 Euclid</b>		25. DATE RECD. BY LOCAL REG. <b>11-27-57</b>	26. REGISTRAR'S SIGNATURE <b>Mrs P. N. Cook</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 1257-209

DATE REC. 12-2-57

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 J. R. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, Mo.

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.