Health, & Welfare Public Service

FILED NOV 26 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41015
STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. 4281 Registrar's No. 100

1. PLACE OF DEATH
a. COUNTY Lewis
b. CITY OR TOWN Canton — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home — Length of stay in 1b 7 yts.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lewis
c. CITY OR TOWN Canton — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) South Fourth St — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Josephine Middle - Last Bauer

4. DATE OF DEATH Month Day Year: Nov. 17, 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Aug. 22, 1880
9. AGE (In years last birthday): 77 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and state or country): Warren, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Carson Leasman
13b. MOTHER'S MAIDEN NAME: Anna Ward
14. NAME OF HUSBAND OR WIFE: Gottlieb Bauer

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 Address: Jimmie Ortlieb, Canton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 33/X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 June, 1956, to Nov. 16 and last saw her/him alive on Nov 17, 1957
Death occurred at 2 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): P. W. Jennings M.D.
22b. ADDRESS: Canton Mo.
22c. DATE SIGNED: 11/18/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 19, 1957
23c. NAME OF CEMETERY OR CREMATORY: Dover Cemetery
23d. LOCATION (City, town, or county) (State): Lewis County, Missouri

24. FUNERAL DIRECTOR ADDRESS: Earl A. Buckley Canton, Mo.
25. DATE RECD. BY LOCAL REG.: 11-19-'57
26. REGISTRAR'S SIGNATURE: P. W. Jennings, M. D.
(Licensed Embalmer's Statement on Reverse Side)

E. L.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 Earl H. Pinkley

Licensed Embalmer No. 2615

P. O. Address Eaton, Ind.

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.