

FILED DEC 9 - 1957

STANDARD CERTIFICATE OF DEATH

43156

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 227

V. S. 300
Rev. 1-57

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1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Owensville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State School, Marshall		Length of stay in lb 9 mos.		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Barbara Middle Ann Last Bauer			4. DATE OF DEATH Month Dec. Day 2, 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 Nov. 27, 1948	9. AGE (In years last birthday) 9 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Washington, Missouri	
13a. FATHER'S NAME Fred Bauer		13b. MOTHER'S MAIDEN NAME Edna Bieber		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mo. State School records, Marshall, 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) Acute Broncho-pneumonia				INTERVAL BETWEEN ONSET AND DEATH 7 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Severe Ulcerative Stomatitis				2 wks.	
DUE TO (c) Acute Influenza Severe				3 wks.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Epilepsy; mental deficiency at idiot level; invalidism				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 Sept., 1955 to Dec. 2, 1957 and last saw her ^{her} alive on Dec. 2, 1957 Death occurred at 11:10 p. m. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) C. G. McCorkle M.D.			22b. ADDRESS Marshall, Missouri		22c. DATE SIGNED 12-3-1957
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-3-1957	23c. NAME OF CEMETERY OR CREMATORY Bieber Cemetery		23d. LOCATION (City, town, or county) (State) Hermann Mo
24. FUNERAL DIRECTOR Harry Hershberger		ADDRESS Marshall Mo		25. DATE RECD. BY LOCAL REG. 12-3-57	26. REGISTRAR'S SIGNATURE Carl A. Reed

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Harry Hershberger*

Licensed Embalmer No. *4357*

P. O. Address *Marshfield 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.