

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009804
STATE FILE NUMBER
1178

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Little Sisters Home 70 yrs		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 5331 Highland Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Charles Middle F. Last Bauer			4. DATE OF DEATH Month March Day 4 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> & DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1874 June 23, 1960	9. AGE (In years last birthday) 83 1/2 yrs IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Express Clerk		10b. KIND OF BUSINESS OR INDUSTRY Express Railway		11. BIRTHPLACE (City and state or country) Ohio	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Adam Bauer		
13b. MOTHER'S MAIDEN NAME No record			14. NAME OF HUSBAND OR WIFE Mary E. Bauer		
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. 714-07-4770		17. INFORMANT Donald Address Adam Bauer Bauer, K.C. 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) Broncho pneumonia (Hypostatic) DUE TO (b) arterio sclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH 5 days 20 yrs 45 yrs
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.) 0		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 3/19/58		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION 3/19/58		
21. I attended the deceased from _____ to _____ and last saw ^{her} him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE Joseph A. Fogarty (Degree or title) DO		
22b. ADDRESS 5816 Luman Rd K.C. Mo			22c. DATE SIGNED 3/5/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 6, 1958		23c. NAME OF CEMETERY OR CREMATORY Calvary	
23d. LOCATION (City, town, or county) Kansas City, Mo.		23e. (State) (State)		24. FUNERAL DIRECTOR Thomas E. Quirk 4316 Troost Ave.	
25. DATE RECD. BY LOCAL REG. 3-5-58		26. REGISTRAR'S SIGNATURE Neva Marshall			

Joseph A. Fogarty USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION Corrected by affidavit 5/9/58 acf:58

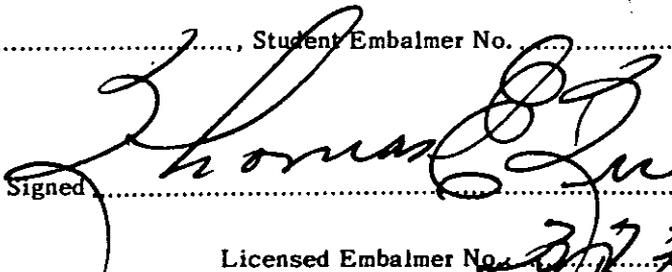
All diseases in Part I must be causally related.



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.
P. O. Address.....

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.