

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 14 1958

58-013632

STATE FILE NUMBER

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 142

300
1-57

264
4

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

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Jefferson City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Mullenax Nursing		Length of stay in 1b One year	d. STREET ADDRESS 611 E. Capitol
3. NAME OF DECEASED (Type or print) First MAY Middle BELLE Last BAUER			4. DATE OF DEATH May 9th 1958 Month May Day 9th Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1876 May 20th 1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Calwood, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Emanuel Weant		13b. MOTHER'S MAIDEN NAME Amelia Kirtley	
14. NAME OF HUSBAND OR WIFE Edward Bauer		17. INFORMANT Address Harvey Mullenax, Jefferson City, Mo.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. Unknown	
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 Thrombosis DUE TO (b) Essential Hypertension DUE TO (c) Arteriosclerosis 4201 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 Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Death occurred at 2 P.M. on April 1 1958 to May 9 1958 and last saw her alive on May 9 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) D.P. Steffen	
22a. ADDRESS Jefferson City, Mo		22c. DATE SIGNED 5-10-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 11th 1958	23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery
23d. LOCATION (City, town, or county) Montgomery City, Mo.		(State)	
24. FUNERAL DIRECTOR Hopkins Funeral Home, Montgomery City		ADDRESS Missouri	DATE RECD. BY LOCAL REG. 9 May 1958
26. REGISTRAR'S SIGNATURE R.P. Norris, MA MR		(Licensed Embalmer's Statement on Reverse Side)	

(Janner's)

MAY 29 1958

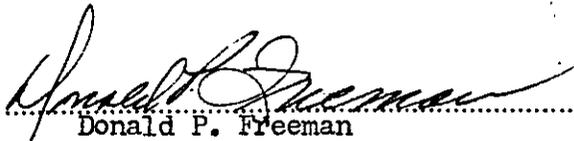
MAY 15 1958

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 

Donald P. Freeman

Licensed Embalmer No. 4623

P. O. Address Jefferson City, Missouri

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.