

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017786

STATE FILE NUMBER

FILED JUN 12 1958

Registration District No. 119 Primary Registration District No. 5443 Registrar's No. 23

S. 300  
v. 1-57

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<br>a. COUNTY <u>GASCONADE</u>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |                                                                                                                                                             |                                                                                      | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>GASCONADE</u> |  |                                                                      |                                                                                       |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>ROARK</u>                                                                                                                                                                                                                                                                                                                                                                                     |                                  |                                                                                                                                                             | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN <u>HERMANN</u>                                                                                                               |  |                                                                      | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>FAIR VALLEY REST HOME</u>                                                                                                                                                                                                                                                                                                                                                           |                                  |                                                                                                                                                             | Length of stay in lb<br><u>11 MONTHS</u>                                             | d. STREET ADDRESS (If outside, give location)<br><u>WEST 4th STREET</u>                                                                      |  |                                                                      | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>MATHILDA</u> Middle <u>AUGUSTA</u> Last <u>BENDER</u>                                                                                                                                                                                                                                                                                                                                                              |                                  |                                                                                                                                                             |                                                                                      | 4. DATE OF DEATH<br>Month <u>MAY</u> Day <u>29</u> Year <u>1958</u>                                                                          |  |                                                                      |                                                                                       |
| 5. SEX<br><u>FEMALE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6. COLOR OR RACE<br><u>WHITE</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |                                                                                      | 8. DATE OF BIRTH<br><u>MAY 24, 1875</u>                                                                                                      |  | 9. AGE (In years last birthday)<br><u>83</u>                         |                                                                                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>HOUSEWIFE</u>                                                                                                                                                                                                                                                                                                                                                       |                                  | 10b. KIND OF BUSINESS OR INDUSTRY                                                                                                                           |                                                                                      | 11. BIRTHPLACE (City and state or country)<br><u>HERMANN, MISSOURI</u>                                                                       |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S.</u>                         |                                                                                       |
| 13a. FATHER'S NAME<br><u>FRANZ BAER</u>                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>AUGUSTA OTTEMAYER</u>                                                                                                       |                                                                                      | 14. NAME OF HUSBAND OR WIFE<br><u>ADAM BENDER</u>                                                                                            |  |                                                                      |                                                                                       |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>                                                                                                                                                                                                                                                                                                                                             |                                  | 16. SOCIAL SECURITY NO.<br><u>NONE</u>                                                                                                                      |                                                                                      | 17. INFORMANT<br><u>WM. LETTMAN</u> Address <u>HERMANN Mo.</u>                                                                               |  |                                                                      |                                                                                       |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral apoplexy</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cerebral arteriosclerosis</u><br>DUE TO (c) <u>334 X</u><br>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<br><u>15 min.</u><br><u>20 yrs.</u> |                                                                                       |
| 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<br>Hour <u>6:24</u> Month, Day, Year <u>7/2/57</u><br>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 <u>7/2/57</u> to <u>6/29/58</u> and last saw her alive on <u>5/20/58</u><br>Death occurred at <u>6:24 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                                                    |                                  |                                                                                                                                                             |                                                                                      |                                                                                                                                              |  |                                                                      |                                                                                       |
| 22a. SIGNATURE<br><u>Del. A. Jeter, D.O.</u> (Degree or title)                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |                                                                                                                                                             |                                                                                      | 22b. ADDRESS<br><u>Hermann, Mo.</u>                                                                                                          |  | 22c. DATE SIGNED<br><u>5/31/58</u>                                   |                                                                                       |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>                                                                                                                                                                                                                                                                                                                                                                                                            |                                  | 23b. DATE<br><u>6/1/58</u>                                                                                                                                  |                                                                                      | 23c. NAME OF CEMETERY OR CREMATORY<br><u>HERMANN CITY CEMETERY</u>                                                                           |  | 23d. LOCATION (City, town, or county)<br><u>HERMANN MISSOURI</u>     |                                                                                       |
| 24. FUNERAL DIRECTOR<br><u>HUBO H. BLUMER</u> ADDRESS <u>HERMANN Mo.</u>                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                                                                                                                                                             |                                                                                      | 25. DATE RECD. BY LOCAL REG.<br><u>5-31-58</u>                                                                                               |  | 26. REGISTRAR'S SIGNATURE<br><u>Delma Uffelman</u>                   |                                                                                       |

8961 21 030

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 ROGER W. BLUMER, Student Embalmer No. 553  
working under my personal supervision.

Student

Roger W. Blumer  
Signature of Student Embalmer

Signed

Hugo H. Blumer  
Licensed Embalmer No. 3160

P. O. Address Herrmann

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.