

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021677

STATE FILE NUMBER

FILED JUN 24 1958 Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 90

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1-57

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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 Harrison			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN New Hampton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Noll Memorial Hospital		Length of stay in lb 2 Days	d. STREET ADDRESS (If outside, give location) Market Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Gustav Middle Adolf Last Bauer			4. DATE OF DEATH Month June Day 18 Year 1958		
5. SEX male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 9 1888	9. AGE (In years last birthday) 71	FUNDER YEAR Months 71 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Breda Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Asmus Bauer		13b. MOTHER'S MAIDEN NAME Katherin Mohr		14. NAME OF HUSBAND OR WIFE Willie Bauer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes World War One		16. SOCIAL SECURITY NO. 4500	17. INFORMANT Address Mrs Willie Bauer New Hampton 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) Pulmonary occlusion infarct DUE TO (b) Atherosclerosis generalized DUE TO (c) Chronic rheumatic osteoarthritis					INTERVAL BETWEEN ONSET AND DEATH 3 days 10 years 10 years
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 3:30 Month, Day, Year 6-16-58 a.m. 17 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 Bethany Mo		COUNTY Harrison STATE Mo	
21. I attended the deceased from 6-16-58 to 6-18-58 and last saw ^{her} him alive on 6-12-58 Death occurred at 3:30 17 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W.F. Broyles MD (Degree or title)			22b. ADDRESS Bethany Mo		22c. DATE SIGNED 6-18-1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 20 1958	23c. NAME OF CEMETERY OR CREMATORY Foster Cemetery		23d. LOCATION (City, town, or county) (State) Harrison County Mo
24. FUNERAL DIRECTOR W.G. Noble & Son New Hampton Mo		25. DATE RECD. BY LOCAL REG. 6-19-58		26. REGISTRAR'S SIGNATURE Gella Mayey	

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 Me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed W. S. Noble.....

Licensed Embalmer No. 2904.....

P. O. Address New Hampton.....

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.