

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035436

State File No.

FILED OCT 28 1958

BIRTH NO.		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5109</u>		Registrar's No. <u>66</u>	
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>GRAND ISLAND</u> b. COUNTY <u>NEW YORK</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL, CROOKED CREEK</u>		c. LENGTH OF STAY (in this place) <u>3 Mos.</u>		c. CITY OR TOWN <u>GRAND ISLAND</u>		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WUTESVILLE MO. RURAL</u>				STREET ADDRESS (If rural, give location) <u>83RD 8 RIVERDALE DRIVE</u>			
3. NAME OF DECEASED (Type or Print) <u>FRANK</u>		a. (First)		b. (Middle)		c. (Last) <u>BAUDER</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>6-26-1948</u>	
9. AGE (In years last birthday) <u>10</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>2</u>		IF UNDER 1 YEAR Hours <u></u> Min. <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BILOXI MISS.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>GEORGE W. BAUDER</u>		13b. MOTHER'S MAIDEN NAME <u>DORTHY L. BOGAS</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>GEORGE W. BAUDER, WUTESVILLE, MO.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> ANTECEDENT CAUSES <u>Probable Carcinoma of lung.</u> DUE TO (c) <u>1 year</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>1957</u>		19b. MAJOR FINDINGS OF OPERATION <u>Biopsy cervical lymph node - Carcinoma</u>		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <u>X</u> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dead, on my arrival</u> , that I last saw the deceased alive on <u></u> , 19 <u></u> , and that death occurred at <u></u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Coroner</u> (Degree or title)				23b. ADDRESS <u>Lutesville, Mo.</u>		23c. DATE SIGNED <u>OCT-21-1958</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-30-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BAKER CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>WUTESVILLE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>10-21-58</u>		REGISTRAR'S SIGNATURE <u>Mr. Buford Carter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BAKER FUNERAL HOME WUTESVILLE</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Luttrell

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.