

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040965

STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 440

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>Pettis</u>  |                                  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> |  |  |   |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Sedalia</u>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | c. CITY OR TOWN <u>Sedalia</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>Bathwell Hospital</u>   |                                  |   | Length of stay in lb<br><u>20 yrs</u>   |   | d. STREET ADDRESS (If outside, give location)<br><u>1611 West 16th</u> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Hugo</u> Middle <u>Edward</u> Last <u>Bahner</u>  |                                  |   |   | 4. DATE OF DEATH<br>Month <u>Nov</u> Day <u>19</u> Year <u>1958</u>   |  |  |   |   |   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><u>Oct. 7 1908</u>  |  | 9. AGE (In years last birthday)<br><u>50</u>   |   | IF UNDER 1 YEAR<br>Months <u>1</u> Days <u>12</u> | IF UNDER 24 HRS.<br>Hours <u>1</u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Tinner</u>  |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Sheet metal</u>   |   | 11. BIRTHPLACE (City and state or country)<br><u>Bahner Mo</u>         |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |   |   |
| 13a. FATHER'S NAME<br><u>Louis Bahner</u>   |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Rosalie Mockenbaupt</u>   |   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Marie Rausch Bahner</u>                            |   |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |                                  |   | 16. SOCIAL SECURITY NO.<br><u>491-07-7404</u>   |   | 17. INFORMANT<br><u>Mrs Marie Bahner</u>                               |  |   | Address<br><u>Sedalia</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>Myocardial Infarction</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <u>Rheumatic Cardiovascular Disease</u><br>DUE TO (c) <u>Hypertension</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Hypertension</u> |                                  |   |   |   |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 day</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.)<br><u>416X</u> |   |  |  |   |   |   |
| 20c. TIME OF INJURY<br>Hour <u></u> Month, Day, Year<br>a.m. <u></u> p.m. <u></u>   |                                  |   |   |   |  |  |   |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <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>4 Oct 1958</u> to <u>19 Nov 1958</u> and last saw him alive on <u>19 Nov 1958</u><br>Death occurred at <u>3:00 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |   |   |  |  |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><u>Ronald C. Porter M.D.</u>  |                                  |   |   | 22b. ADDRESS<br><u>Sedalia, Mo.</u>   |  | 22c. DATE SIGNED<br><u>21 Nov 1958</u>   |   |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                                  | 23b. DATE<br><u>11-22-58</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary</u>  |   |  | 23d. LOCATION (City, town, or county)<br><u>Sedalia</u>                              |   | (State)<br><u>Mo</u>                              |   |
| 24. FUNERAL DIRECTOR<br><u>M<sup>c</sup>Laughlin Bros Sedalia</u>   |                                  |   |   | 25. DATE RECD. BY LOCAL REG<br><u>Nov 22 1958</u>   |  | 26. REGISTRAR'S SIGNATURE<br><u>Frances Sheehy</u>                                   |   |   |   |

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 *K.P.M. Gray* .....

Licensed Embalmer No. *3153* .....

P. O. Address *Sedalia Mo* .....

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.