Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014047
STATE FILE NUMBER

FILED APR 27 1959 Registration District No. 184 Primary Registration District No. 5688 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Bucklin Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) U.S.Hi-Wy#36, west, Bucklin Jnc. Length of stay in Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE So. Dak. b. COUNTY Minnehaha
c. CITY OR TOWN Sioux Falls 9400 8 Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 907 So. Walts (If outside, give location) Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Gerald Middle: Lamm Last: Bauch

4. DATE OF DEATH Month: Apr. Day: 17, Year: ~~1958~~ 1959

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Feb. 23, 1938
9. AGE (In years last birthday) 21 IF UNDER 1 YEAR: Months 1 Days 24 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) College Student
10b. KIND OF BUSINESS OR INDUSTRY College
11. BIRTHPLACE (City and state or country) Sioux Falls, So. Dak. 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Howard J. Bauch
13b. MOTHER'S MAIDEN NAME Josephine Williams
14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. not known
17. INFORMANT Howard J. Bauch, Address Sioux Falls, So. Dak.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Multiple Injuries
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
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

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Head on collision on Highway 36 West of Bucklin Junction 058
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
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 _____, to _____ and last saw her/him alive on _____
Death occurred at 7:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lamm B. McClelland (Degree or title) Coroner 3
22b. ADDRESS Brookfield, Mo
22c. DATE SIGNED 4/17/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE April 18, 1959
23c. NAME OF CEMETERY OR CREMATORY St. Michaels Cem.
23d. LOCATION (City, town, or county) Sioux Falls, So. Dak. (State)

24. FUNERAL DIRECTOR Larson Funeral Service, ADDRESS Bucklin, Mo.
25. DATE RECD. BY LOCAL REG. Apr. 18, 1959
26. REGISTRAR'S SIGNATURE Katharine Johnson Dep.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPE. CORRECTED BY Funeral Director 5-4-59

All diseases in Part I must be causally related.

JUN 9 1959

VS MAY 4 1959

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 E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.