

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018495

STATE FILE NUMBER

FILED JUN 2 1959 Registration District No. 234 Primary Registration District No. 4349 Registrar's No. 10

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1. PLACE OF DEATH a. COUNTY MORGAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MORGAN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STOVER		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN STOVER Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 3RD. STREET		Length of stay in lb 50 YRS.	d. STREET (If outside, give location) ADDRESS 0710 3RD. STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First FRED Middle F. Last BAUER			4. DATE OF DEATH Month MAY Day 26 Year 1959	
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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 OCT. 16 1877	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 7 Days 10	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY CONST.	11. BIRTHPLACE (City and state or country) MORGAN Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME FREDERICK BAUER	13b. MOTHER'S MAIDEN NAME MATTIE BRUNJES	14. NAME OF HUSBAND OR WIFE ANNA BAUER
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 494-14-2538	17. INFORMANT ANNA BAUER	Address STOVER MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH Immediate years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour 10:30A Month, Day, Year a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION STOVER	COUNTY MORGAN	STATE MO.
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21. I attended the deceased from 1940 to May 16, 1959 and last saw him alive on May 20, 1959 Death occurred at 10:30A m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) J. L. Washburn M.D.	22b. ADDRESS Versailles, Mo	22c. DATE SIGNED 5/29/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 28 1959	23c. NAME OF CEMETERY OR CREMATORY STOVER CEMETERY	23d. LOCATION (City, town, or county) STOVER	(State) MO.
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24. FUNERAL DIRECTOR J. L. Washburn	ADDRESS Stover Mo	25. DATE RECD. BY LOCAL REG. 5/30/1959	26. REGISTRAR'S SIGNATURE Edw. L. Rippeger
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUL 8 1953

AUG 1 8 1953

JUL 8 1953

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. H. Stevenson*

Licensed Embalmer No. *4073*

P. O. Address *Stover*

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.