

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018838
STATE FILE NUMBER

2 P.M.
FILED JUN 5 1959

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Appleton City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rockville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ELLETZ M. Hosp.</u>		Length of stay in lb <u>6 days</u>	d. STREET ADDRESS (If outside, give location) <u>Rockville 2nd.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Joseph Gottlieb Bauer</u>		4. DATE OF DEATH Month Day Year <u>May 26-1959</u>	
5. SEX <u>m.</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 8-1890</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer.</u>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) <u>68</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9d. IF UNDER 1 YEAR Months Days Hours Min. <u>7 18</u>
11. BIRTHPLACE (City and state or country) <u>Bates Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Gottlieb Bauer</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kauffmann Henrietta Bauer</u>	
14. NAME OF HUSBAND OR WIFE <u>Henrietta Bauer</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>490-42-6034</u>		17. INFORMANT <u>Henrietta Bauer Rockville Mo</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Rupture of Rt Renal Artery Concomitant</u> 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
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 Month, Day, Year a.m. p.m.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 COUNTY STATE
21. I attended the deceased from <u>20 May 59</u> to <u>26 May 59</u> and last saw ^{him} alive on <u>26 May 59</u> Death occurred at <u>807 a.m.</u> on the date stated above; and to the best of my knowledge, from the cause stated.			
22a. SIGNATURE <u>W. Ellet M. ...</u> (Degree or title)		22b. ADDRESS <u>Appleton City</u>	22c. DATE SIGNED <u>27 May 59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5-28-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PRAIRIE CITY Lutheran PRAIRIE CITY Mo.</u>	23d. LOCATION (City, town, or county) (State) <u>Mo.</u>
24. FUNERAL DIRECTOR <u>Wesley Eckhoff</u> ADDRESS <u>Appleton City</u>		25. DATE RECD. BY LOCAL REG. <u>May-27-1959</u>	26. REGISTRAR'S SIGNATURE <u>Oliver Atney</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUN 15 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 *Oscar Eckhoff*

Licensed Embalmer No. *3942*

P. O. Address *Appleton Wis*

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.