

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039726

FILED VS NOV 23 1959/28

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 1247

INDEXED

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY _____					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clay Twsp.		Length of stay in 1b 1 hour		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Springfield R.F.D. 9			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1451 Carr Lane		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE JOSEPH BAUER Jr.				4. DATE OF DEATH Month Day Year November 18, 1959					
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/6/1944	9. AGE (last birthday) 15	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student			10b. KIND OF BUSINESS OR INDUSTRY School		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME George J. Bauer Sr.			13b. MOTHER'S MAIDEN NAME Edith Drennan			14. NAME OF HUSBAND OR WIFE ----			
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. ----		17. INFORMANT 1451 Carr Lane, G.J. Bauer, St. Louis, Missouri.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broken neck and head injuries							INTERVAL BETWEEN ONSET AND DEATH inst.		
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)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Coroner's inquest revealed he was driving a car being pursued by State Highway patrol car. The car sped at approx. 90 miles per hour and turned over at a curve. He was found dead in car.					
20c. TIME OF DEATH Hour 3:00 P.M. Month, Day, Year 11/18/59		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Greene Co. road		20f. CITY, TOWN, OR LOCATION Rt. 9, Springfield, Greene, Missouri		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at Aprox. 3:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Ralph Thieme</i> Greene County, Missouri, Coroner				22b. ADDRESS Springfield, Missouri				22c. DATE SIGNED 11/19/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/19/1959	23c. NAME OF CEMETERY OR CREMATORY ----		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri.				
24. FUNERAL DIRECTOR Ralph Thieme, Springfield, Missouri.				25. DATE RECD. BY LOCAL REG. 11-20-59		26. REGISTRAR'S SIGNATURE <i>Effie S. Drayton</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1986
DEC 3

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 Harold Tuttle

Licensed Embalmer No. 5079

P. O. Address Spokane, WA

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.