

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 19 1960 231

-60-002597

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 5809 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Big Spring Mo</b>		c. CITY OR TOWN <b>Big Spring Mo</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Joensburg Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>Big Spring Mo</b>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>Fred C Bauer</b>			4. DATE OF DEATH Month Day Year <b>Jan-7-1960</b>		
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5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-11-1887</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>26</b>	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Big Spring Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>U S</b>
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13a. FATHER'S NAME <b>Emil Bauer</b>	13b. MOTHER'S MAIDEN NAME <b>Minnie Kallmeyer</b>	14. NAME OF HUSBAND OR WIFE <b>Josephine Bauer</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>494-42-0783</b>	17. INFORMANT Address <b>Josephine Bauer New Florence, Mo</b>
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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) <b>Lymphosarcoma</b> <del>Generalized Metastasis</del>		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>
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) <b>Coronary Heart Disease Senility</b>	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
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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 _____ a.m. _____ p.m.	Month, Day, Year
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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
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21. I attended the deceased from **Nov. 14, 1959** to **Jan. 7, 1960** and last saw her/him alive on **Jan. 7, 1960**  
Death occurred at **3:40** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>D. H. Thompson DO</b>	22b. ADDRESS <b>New Florence Mo</b>	22c. DATE SIGNED <b>Jan 9, 1960</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan-10-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Methodist Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Big Spring Mo</b>
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24. FUNERAL DIRECTOR <b>Baker Funeral Home</b>	ADDRESS <b>New Florence, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>Jan. 12 - 1960</b>	26. REGISTRAR'S SIGNATURE <b>Laura B. Callaway</b>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 29 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed DB Baker

Licensed Embalmer No. 3375  
P.O. Address New Florence, Pa

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.