

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-006918

FILED VS FEB 17 1960 162

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STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RURAL-MERAMEC</b>	Length of stay in 1b <b>3 Mo. 17 Days</b>	c. CITY OR TOWN <b>HERMANN</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOSEPH'S HILL INF.</b>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>PHILIP BAUER</b>			4. DATE OF DEATH Month Day Year <b>FEBRUARY 8 - 1960</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/5/1880</b>	9. AGE (last birthday) <b>79</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RAILROAD - FORMAN</b>	11. BIRTHPLACE (City and state or country) <b>HERMANN, MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>GEORGE BAUER</b>		13b. MOTHER'S MAIDEN NAME <b>EVA ?</b>	14. NAME OF HUSBAND OR WIFE <b>JOSEPH BAUER</b> <b>HANNON</b>		
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>702-14-4478</b>	17. INFORMANT Address <b>Brother Edward St. Josephs Hill Infirmary</b>		

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>INTRA-ABDOMINAL CARCINOMA (MOST PROBABLY TRANSVERSE COLON - SPLENIC FLEXURE)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 MONTHS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>HYPOCHROMIC ANEMIA SEVERE</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>CEREBROVASCULAR ACCIDENT: GENERALIZED ARTERIOSCLEROSIS.</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

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.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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 <b>HERMANN MO</b>		COUNTY STATE
21. I attended the deceased from <b>JULY 1959</b> to <b>2/8/60</b> and last saw her alive on <b>2/4/60</b> . Death occurred at <b>1:20 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		

22. SIGNATURE (Degree or title) <b>Patrick C. Hooper M.D.</b>	22b. ADDRESS <b>2623 Telegraph Rd. Lamy MO</b>	22c. DATE SIGNED <b>2/8/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>2/11/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST. GEORGE CEMETERY</b>
23d. LOCATION (City, town, or county) (State) <b>HERMANN MO</b>	24. FUNERAL DIRECTOR <b>HUGO H. BLUMER</b>	25. DATE RECD. BY LOCAL REG. <b>2-11-60</b>
26. REGISTRAR'S SIGNATURE <b>Robert E. Bauer</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 FEB 23 1960

FEB 23 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 me or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

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

Signed Robert W. Blumer  
Licensed Embalmer No. 5055

P. O. Address Hemann

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.