

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041608

FILED VS. NOV 21 1960

121

Primary Registration District No. 2000

Registrar's No. 1134

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri b. COUNTY Texas	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		Length of stay in 1b 10 min.	c. CITY OR TOWN N. OAK street Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) St. John's Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Cabool, Mo. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Valentine Middle Bauer Last Bauer			4. DATE OF DEATH Month Nov. Day 10 Year 1960			
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 4-9-1912	9. AGE (last birthday) 48	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR	10b. KIND OF BUSINESS OR INDUSTRY MFA Mill	11. BIRTHPLACE (City and state or country) Yugoslavia	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Valentine Bauer	13b. MOTHER'S MAIDEN NAME Susie Weber	14. NAME OF HUSBAND OR WIFE Charlotte 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. 336-07-4983	17. INFORMANT Address Charlotte Bauer, Cabool, 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) Cerebral contusion		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Automobile accident 2 hrs.	
	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
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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.) Automobile accident - Head on
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20c. TIME OF INJURY 5:30 p.m.	Hour Month, Day, Year 11-10-60	Collision
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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, etc.) 8 mile south of Cabool	20f. CITY, TOWN, OR LOCATION Cabool, Texas, Mo.
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21. I attended the deceased from 11/10/60 to 11/10/60 and last saw him alive on 11/10/60 Death occurred at 7:35 p.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) Dr. M. E. Harvey, M.D.	22b. ADDRESS Springfield Mo.	22c. DATE SIGNED 11/11/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-10-1960	23c. NAME OF CEMETERY OR CREMATORY Cabool, Mo. Cem. Cabool, Missouri	23d. LOCATION (City, town, or county) (Site) Cabool, Missouri
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24. FUNERAL DIRECTOR ADDRESS TIM Gentry Cabool, Mo.	25. DATE RECD. BY LOCAL REG. 11-12-60	26. REGISTRAR'S SIGNATURE Effie S. Melton
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 21 1960

FEB 2 1961

OCT 2 1961

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 Gene P. Hunter

Licensed Embalmer No. 47

P. O. Address Spfld.

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.