

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-046682

OFFICE OF PUBLIC HEALTH AND WELFARE

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 117

STATE FILE NUMBER

FILED VS DEC 23 1960

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lexington</u> Length of stay in 1b <u>5 Yr.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home 1915 Franklin</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> c. CITY OR TOWN <u>Lexington</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>1915 Franklin</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>BERNICE ELIZABETH BAUR</u>			4. DATE OF DEATH Month Day Year <u>December 14 1960</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>February 17, 1903</u>	9. AGE (last birthday) <u>57</u>	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>		11. BIRTHPLACE (City and state or country) <u>Swedeburg, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13a. FATHER'S NAME <u>Leonard R. Lumsden</u>		13b. MOTHER'S MAIDEN NAME <u>Sylvia Dell Gordon</u>			
14. NAME OF HUSBAND OR WIFE <u>Karl F. Baur</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>			
17. INFORMANT <u>Mr. Karl F. Baur</u>		Address <u>Lexington, Mo.</u>					
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>Circulatory Collapse</u> DUE TO (b) <u>generalized Carcinomatosis</u> DUE TO (c) <u>Carcinoma of breast</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 year</u> <u>1 year</u>		
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 a.m. p.m. Month, Day, Year							
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			
21. I attended the deceased from <u>JAN 3 1960</u> to <u>Dec. 14 1960</u> and last saw her alive on <u>DEC 13 1960</u> Death occurred at <u>5:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Ralph W. Walker, M.D.</u>			22b. ADDRESS <u>Lexington, Mo.</u>		22c. DATE SIGNED <u>12-15-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/17/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Richland Cemetery</u>			
23d. LOCATION (City, town, or county) (State) <u>Richland, Mo.</u>		24. FUNERAL DIRECTOR ADDRESS <u>Vaughn-Walker Lexington, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-15-60</u>			
26. REGISTRAR'S SIGNATURE <u>Maureen E. Eastbrook</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed W. P. Vaughn

Licensed Embalmer No. 402

P. O. Address Sevington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.