

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046964

FILED VS JAN 3 1961

STATE FILE NUMBER

Registration District No. 257 Primary Registration District No. 5884 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <b>Osage</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Osage</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Freeburg, Mo.</b>		Length of stay in 1b <b>57yrs.</b>		c. CITY OR TOWN <b>Freeburg, Mo.</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>Her Home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Theresa</b> Middle <b>Bauer</b> Last <b>Bauer</b>				4. DATE OF DEATH Month <b>Dec.</b> Day <b>27</b> Year <b>1960.</b>				
5. SEX <b>Female</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>July 5, 1885.</b>	9. AGE (last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>22</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>		11. BIRTHPLACE (City and state or country) <b>Maries County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>George Redel Sr.</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Koerber</b>			14. NAME OF HUSBAND OR WIFE <b>Henry Bauer</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>499-42-4813B</b>		17. INFORMANT Address <b>August G. Bauer, Freeburg, Mo.</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>Coronary occlusion</b> DUE TO (b) <b>Gen Arteriosclerosis</b> DUE TO (c) <b></b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <b>2-3 years</b>	
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 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 <b></b> a.m. <b></b> p.m. <b></b>		Month, Day, Year <b></b>						
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 <b>Jan 1, 1955</b> to <b>Dec 27, 1960</b> and last saw her <b>live on Dec 24, 1960</b> Death occurred at <b>12:30 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>N Kenesawa MD</b>				22b. ADDRESS <b>5-15 E High St</b>		22c. DATE SIGNED <b>12/29/60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12/30/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Holy Family</b>		23d. LOCATION (City, town, or county) <b>Freeburg, Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>McCrinnian</b>			ADDRESS <b>Vienna, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12/30/60</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Lelyde Weston</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

REG. 9 1 1911

**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

*M. O. Brimley*

Licensed Embalmer No.

3664

P. O. Address

Vienna

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