SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-013074

STATE FILE NUMBER

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 111

FILED APR 20 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Length of stay in 1b 4 mos.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Mary's Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Osage
c. CITY OR TOWN Freeburg, Missouri — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First George Middle Henry Last Bauer

4. DATE OF DEATH Month April Day 17 Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 6-18-1877

9. AGE (last birthday) 83 — IF UNDER 1 YEAR Months 9 Days 29 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and state or country) Richfountain, Osage, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Adam Bauer

13b. MOTHER'S MAIDEN NAME Anna Pietry

14. NAME OF HUSBAND OR WIFE Thresia Bauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT August G. Bauer — Address Freeburg, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary occlusion
DUE TO (c) arteriosclerotic heart disease
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 4/[illegible]/61, to 4/17/61 and last saw her/him alive on 4/17/61
Death occurred at 4:45 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H Kanagawa MD

22b. ADDRESS 515 E High St

22c. DATE SIGNED 4/18/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 4-20-61

23c. NAME OF CEMETERY OR CREMATORY Holy Family Cemetery

23d. LOCATION (City, town, or county) Freeburg, (State) Missouri

24. FUNERAL DIRECTOR [illegible] Vienna, Missouri

25. DATE REC'D BY LOCAL REG. 18 April 1961

26. REGISTRAR'S SIGNATURE R.P. Norris MD - N Richter Dep.

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed T. C. Cunningham

Signature of Student Embalmer

Licensed Embalmer No. 3664

P. O. Address Vienna

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.