

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038694

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 367 Primary Registration District No. 4531 Registrar's No. 50
FILED SEP 19 1963

VS 300
Rev. 4/59

1 1090

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrenton		Length of stay in 1b 2 yrs.	c. CITY OR TOWN Washington Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kate Jane Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 401 Cedar St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) MELVINA ELIZABETH BAUER			4. DATE OF DEATH Month Sept. Day 11 Year 1963
5. SEX F	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/1/1872
9. AGE (last birthday) 91		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	11. BIRTHPLACE (City and state or country) Bolivar, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY own home	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Lewis Park		13b. MOTHER'S MAIDEN NAME Elizabeth Lovelace	
14. NAME OF HUSBAND OR WIFE Joseph P. Bauer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	
16. SOCIAL SECURITY NO.		17. INFORMANT Address 401 Cedar St Mrs Edwin Thias, Washington, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion, acute DUE TO (b) Generalized Arteriosclerosis with arteriosclerotic heart disease DUE TO (c) Senile Dementia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 20 min 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 9:55 a.m. p.m. Month, Day, Year 9-14-63	
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 Warrenton, Missouri		COUNTY Franklin STATE Missouri	
21. I attended the deceased from 9-14-63 to 9-11-63 and last saw her live on 9-10-63 Death occurred at 9:55 p.m. DST on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Stuart H. Schickel MD</i>		22b. ADDRESS Warrenton, Missouri	
22c. DATE SIGNED 9-12-63		23. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sep. 14, 1963	
23c. LOCATION (City, town, or county) (State) Washington, Missouri		24. FUNERAL DIRECTOR Henry W. Otto, Washington, Mo.	
25. DATE RECD. BY LOCAL REG. Sept. 12, 1963		26. REGISTRAR'S SIGNATURE <i>Floyd Logan</i>	

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

Henry W. Otto

Licensed Embalmer No. 3560

P. O. Address Washington

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.