

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049037  
STATE FILE NUMBER

DO NOT WRITE  
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AMENDED

Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 175

FILED JAN 2 1964

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY Pulaski                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Pulaski                                |                                                                       |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Ft Leonard Wood, Missouri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                  | c. CITY OR TOWN Waynesville                                                                                                                                 |                                                                       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION US Army Hospital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                  | d. STREET ADDRESS (If outside, give location)<br>Rt 2, Hickory Hills Trailer Ct                                                                             |                                                                       |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br>Steven Eugene Bauder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  | 4. DATE OF DEATH<br>Month Day Year<br>December 20 1963                                                                                                      |                                                                       |
| 5. SEX<br>Male                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6. COLOR OR RACE<br>Caucasian                                                                                    | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br>18 Dec 1963                                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>n/a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  | 11. BIRTHPLACE (City and state or country)<br>Ft Leonard Wood, Mo. USA                                                                                      |                                                                       |
| 13a. FATHER'S NAME<br>Richard Bauder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  | 13b. MOTHER'S MAIDEN NAME<br>Judy Ann Gale                                                                                                                  |                                                                       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give way or dates of service)<br>n/a n/a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                  | 16. SOCIAL SECURITY NO.<br>n/a                                                                                                                              |                                                                       |
| 17. INFORMANT<br>Judy Ann Bauder, Rt 2, Waynesville, Mo.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  | Address                                                                                                                                                     |                                                                       |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Pneumonia<br>Tracheo-esophageal fistula<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) -<br>DUE TO (c) -<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                                                                                                  |                                                                                                                                                             |                                                                       |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/><br>n/a | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br>n/a                                                         |                                                                       |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>n/a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/><br>n/a    |                                                                                                                                                             |                                                                       |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br>n/a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                  | 20f. CITY, TOWN, OR LOCATION<br>n/a                                                                                                                         |                                                                       |
| 21. I attended the deceased from<br>18 Dec 1963 to 20 Dec 1963 and last saw him alive on 20 Dec 1963<br>Death occurred at 9:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                  | 22a. SIGNATURE (Deceased or title)<br>Marvin K. Lawton Capt MC                                                                                              |                                                                       |
| 22b. ADDRESS<br>U.S.A. H. Ft Leonard Wood                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                  | 22c. DATE SIGNED<br>20 Dec 1963                                                                                                                             |                                                                       |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>BURIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 23b. DATE<br>12-24-63                                                                                            | 23c. NAME OF CEMETERY OR CREMATORY<br>POST CEMETERY                                                                                                         | 23d. LOCATION (City, town, or county) (State)<br>FT. LEONARD WOOD, MO |
| 24. FUNERAL DIRECTOR<br>MOSS-WILLIAMS, WAYNESVILLE, MO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                  | 25. DATE RECD. BY LOCAL REG.<br>12-24-63                                                                                                                    |                                                                       |
| 26. REGISTRAR'S SIGNATURE<br>C. Williams                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  |                                                                                                                                                             |                                                                       |

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**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 \_\_\_\_\_

Licensed Embalmer No. 4896

P. O. Address Waynesville, Mo.

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.