

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0014140

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 61Primary Registration District No. 5336Registrar's No. 19

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY Cedarb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Box Elder

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Cedar Co. Mem. Hos.Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mob. COUNTY Cedarc. CITY
OR TOWN Jerico Mo. MoInside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

FRANK MARION BAUHISTER4. DATE
OF DEATH

Month

Day

Year

4-26-1964

5. SEX

M

6. COLOR OR RACE

W7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

12-13-1887- 76

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

413

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

Veteran

10b. KIND OF BUSINESS OR INDUSTRY

Army

11. BIRTHPLACE (City and state or country)

Indian Creek, Texas U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Joseph Bauhister

13b. MOTHER'S MAIDEN NAME

Esther Sargen

14. NAME OF HUSBAND OR WIFE

Marcella Bauhister15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)yes 10-6-1911 - WWI

16. SOCIAL SECURITY NO.

500-16-7833

17. INFORMANT

Marcella Bauhister, Jerico Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Skull FractureConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Compound fracture both legs

DUE TO (c)

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☐ Unknown19. 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.)

Auto Accident20c. TIME OF
INJURY
Hour
Min.
p.m.

Month, Day, Year

12:45
4-26-6420d. 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.)Highway #32

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

km. S. El Dorado Spgs., Cedar, Mo.

21. I attended the deceased from

to

and last saw her
him alive on

Death occurred at

12:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Max W. Dickering
CoronerEl Dorado Spgs., Mo5-3-6423a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial4-29-1964Anna Edna AnnJerico Mo.Mo

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Mr. O. Long, Jerico Spgs., Mo5/5/1964Joe E. Dinkler, Esq.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

1 0200

2 0200

3

4 0

5 1

6

7 1

8 2

9 X

10

11 020

12 1-3

13 1-0

MAY 18 1964

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

John D. Long

Licensed Embalmer No. 3714

P. O. Address

Jerico Spay, Tex

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.