

FILED AUG 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 23067

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 106

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs
c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Excelsior Springs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Clay
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs
d. STREET ADDRESS (If rural, give location) Chadwick Hotel, Excelsior

3. NAME OF DECEASED
a. (First) Benjamin b. (Middle) Aaron c. (Last) Baer
4. DATE OF DEATH (Month) August (Day) 1 (Year) 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH November 23, 1863 9. AGE (In years last birthday) 86 IF UNDER 1 YEAR: Months 8 Days 18 IF UNDER 24 HRS. 18 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman 10b. KIND OF BUSINESS OR INDUSTRY Lingerie salesman 11. BIRTHPLACE (State or foreign country) Glasgow, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Sol Baer 13b. MOTHER'S MAIDEN NAME Rachel Werdinger 14. NAME OF HUSBAND OR WIFE Mabel (Kilber) Baer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT'S SIGNATURE OR NAME Wessell Baer ADDRESS Excelsior Springs, Missouri

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion (Postural) (b) Arteriosclerosis (c) 3 days
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Interval between onset and death 1 2/3 Year

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from 5-18, 1949, to 8-1, 1950, that I last saw the deceased alive on 8-1, 1950, and that death occurred at 5 p m., from the causes and on the date stated above.

23a. SIGNATURE Supervisor Kohbauer M.D. (Degree or title) 23b. ADDRESS Excelsior Springs Mo 23c. DATE SIGNED 8-2-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE August 4, 1950 24c. NAME OF CEMETERY OR CREMATORY Sunny Slope 24d. LOCATION (City, town, or county) (State) Richmond, Missouri

DATE REC'D BY LOCAL REG. 8/4/50 REGISTRAR'S SIGNATURE Caroline Hutchings 25. FUNERAL DIRECTOR'S SIGNATURE Quest-Life Funeral Home ADDRESS Richmond, Missouri

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



1950

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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
Student Embalmer

Signed _____

Licensed Embalmer No. *George D. Hill*

P. O. Address *4066*

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 this body is not embalmed, fact should be so stated above.