S. No. 300
. 10.48

FILED JUL 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19833

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5437 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: Gasconade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Bourbois twn)
c. LENGTH OF STAY (in this place): 45
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): family home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Gasconade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Bourbois Twn) 0370
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle):
c. (Last): Bauer

4. DATE OF DEATH (Month) 6 (Day) 9 (Year) 51

5. SEX: Male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: July 4-1879
9. AGE (In years last birthday): 71 — If under 1 year: Months 11, Days 5 — If under 24 hrs.: 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: own farm
11. BIRTHPLACE (State or foreign country): MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Bauer
13b. MOTHER'S MAIDEN NAME: Anna Price
14. NAME OF HUSBAND OR WIFE: Rebecca 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.: none
17. INFORMANT'S SIGNATURE OR NAME: Marvin Bauer — ADDRESS: Bland, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH

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. ✓

334X

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) ✓ m.
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* May 31 *19* 51, *to* June 9 *19* 51, *that I last saw the deceased alive on* June 8, *19* 51, *and that death occurred at* 2:50p *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. A. Bunge (Degree or title) M.D.
23b. ADDRESS: Bland Mo
23c. DATE SIGNED: 6-11-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-11-51
24c. NAME OF CEMETERY OR CREMATORY: Union Cemetery
24d. LOCATION (City, town, or county) (State): Bland, Mo.

DATE REC'D BY LOCAL REG.: June 12, 1951
REGISTRAR'S SIGNATURE: Dorothy Wallace 363
25. FUNERAL DIRECTOR'S SIGNATURE: Sassmann's Funeral Service — ADDRESS: Bland

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUL - 8 1951

DISTRICT HEALTH OFFICE No. 4

File No. .....

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 Chester Sasman

Licensed Embalmer No. 4128

P. O. Address Bland - 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 this body is not embalmed, fact should be so stated above.