

FILED NOV 3- 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36393

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5641 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY LAFAYETTE
b. CITY OR TOWN RURAL DOVER, Dover Twp, 2 YRS.
c. LENGTH OF STAY (in this place) 2 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY LAFAYETTE
c. CITY OR TOWN RURAL DOVER 0540
d. STREET ADDRESS (If rural, give location) 4 1/2 MI. N. E. OF CORDER, MO.

3. NAME OF DECEASED (Type or Print) a. (First) ALOIS b. (Middle) c. (Last) BAUERLE
4. DATE OF DEATH (Month) (Day) (Year) 10 19 53

5. SEX M 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2
8. DATE OF BIRTH Nov. 11, 1863 9. AGE (In years last birthday) 89 11 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY FARMING
11. BIRTHPLACE (State or foreign country) GERMANY 4
12. COUNTRY OF WHAT COUNTRY? USA

13a. FATHER'S NAME EDWARD BAUERLE 13b. MOTHER'S MAIDEN NAME CAROLINE DRESSSEL 14. NAME OF HUSBAND OR WIFE ROSA EBERLE BAUERLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS MISS THERESIA BAUERLE CORDER, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia
INTERVAL BETWEEN ONSET AND DEATH 1 week
ANTECEDENT CAUSES
DUE TO (b) Acute urinary obstruction 2 weeks
DUE TO (c) Benign prostatic hypertrophy Yes.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition Months

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) Higginsville, Mo.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY
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 10/19/53 to 10/19/53, that I last saw the deceased alive on 10/19/53, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John B. Beck 23b. ADDRESS Higginsville, Mo. 23c. DATE SIGNED 10/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 10-21-53 24c. NAME OF CEMETERY OR CREMATORY DOVER 24d. LOCATION (City, town, or county) (State) DOVER, MISSOURI.

DATE REC'D BY LOCAL REG. Oct. 26-1953 REGISTRAR'S SIGNATURE Clayton H. Landrum 154-2 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HIGGINSVILLE, MO - [Signature]

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

DEC 23 1953

FEB 24 1954

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 Forrest A. Hooper

Licensed Embalmer No. 4358

P. O. Address HIGGINSVILLE, MISSOURI

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.