

FILED MAR 14 1955  
Dr. Enloe

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
2

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5305 Registrar's No. 2

|  |  |  |                                       |
|--|--|--|---------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cole</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> |                                       |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Liberty Twnshp</u> |  | c. LENGTH OF STAY (in this place) <u>68Yrs</u>   | c. CITY OR TOWN <u>Jefferson City</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R.#3, Jefferson City, Mo</u>              |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>     |                                       |
|  |  | e. STREET ADDRESS (If rural, give location) <u>0260 R.R.#3, Jefferson City, Mo</u>   |                                       |

|   |                               |  |   |   |  |
|---|-------------------------------|--|---|---|--|
| 3. NAME OF DECEASED<br>a. (First) <u>William</u> b. (Middle) <u>John</u> c. (Last) <u>Baer</u>            |                               |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Mar 10 1955</u>                     |   |  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>May-27-1886</u>   | 9. AGE (In years last birthday) <u>68</u> | IF UNDER 1 YEAR Months Days                |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>                     | 11. BIRTHPLACE (City and State or Foreign Country) <u>Cole County, Missouri</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME <u>John Baer</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Margaret Engelbrecht</u> |  | 14. NAME OF HUSBAND OR WIFE <u>None</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO. _____                         |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Martha Baer, Jefferson City, Mo</u> ADDRESS _____ |  |

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <u>Hypertensive heart disease</u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>10 mo</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                           |  |  |

|   |  |   |
|---|--|---|
| 19a. DATE OF OPERATION                          | 19b. MAJOR FINDINGS OF OPERATION <u>443X</u>   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?  |

22. I hereby certify that I attended the deceased from 5/11/51 to 3/10/55, that I last saw the deceased alive on 3/1/55, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

|   |  |  |  |                                 |  |
|---|--|--|--|---------------------------------|--|
| 23a. SIGNATURE <u>James Baer MD</u> (Degree or title)   |  | 23b. ADDRESS <u>Jefferson City, Mo</u>   |  | 23c. DATE SIGNED <u>3/12/55</u> |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Mar-12-1955</u>               | 24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u>                            | 24d. LOCATION (City, town, or county) (State) <u>Schuberts, Missouri</u> |                                 |  |
| DATE REC'D BY LOCAL REG. <u>Mar 12-55</u>               | REGISTRAR'S SIGNATURE <u>R.P. Davis MD</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Jordan</u> ADDRESS <u>Jefferson City, Mo</u> |  |                                 |  |

(Licensed Embalmer's Statement of Reverse Side)

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

MAR 23 1958

**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 *Joseph J. Fordm*

Licensed Embalmer No. *1286*  
P. O. Address *Jefferson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa  
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.