

FILED FEB 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **1927**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **8040** Registrar's No. **63**

1. PLACE OF DEATH a. COUNTY <b>Livingston</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Chillicothe</b>		c. LENGTH OF STAY (in this place) <b>6 Yrs</b>	c. CITY OR TOWN <b>Chillicothe</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1106 W. 3rd. Street</b>			f. STREET ADDRESS (If rural, give location) <b>1106 W. 3rd Street</b> <b>0592</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Slatie</b> b. (Middle) <b>May</b> c. (Last) <b>Bauer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>January 28 1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 22, 1876</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Atchison Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>James Daniel</b>		13b. MOTHER'S MAIDEN NAME <b>Jane Roberts</b>		14. NAME OF HUSBAND OR WIFE <b>Lewis E. Bauer (Dec'd)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Lora Helms Chillicothe, Mo.</b>		
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chr. Myocarditis</b>  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 _____  20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION  <b>4222</b>				
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 <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 <b>Jan 24, 1956</b> , to <b>Jan 28, 1956</b> , that I last saw the deceased alive on <b>Jan 24, 1956</b> , and that death occurred at <b>5:10 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>L. M. Dowell M.D.</b>		23b. ADDRESS <b>Chillicothe Mo</b>		23c. DATE SIGNED <b>1-28-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-29-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hillcrest Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Gallatin, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>1-28-56</b>	REGISTRAR'S SIGNATURE <b>Frances B. Keel</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Hope Funeral Home, Gallatin, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 *L. A. Schuman*.....

Licensed Embalmer No. 330

P. O. Address Gallatin

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.