

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43832**

FILED DEC 24 1957

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **126**

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give town) Cameron		c. CITY (If outside corporate limits, write RURAL and give township) Cameron	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 624 N. Walnut	
d. FULL NAME OF HOSPITAL OR INSTITUTION 624 N. Walnut			

3. NAME OF DECEASED (Type or Print) a. (First) Theodore b. (Middle) Perry c. (Last) Bauer			4. DATE OF DEATH (Month) (Day) (Year) 12 17 57		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, <input type="checkbox"/> WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Mar 7-1956		9. AGE (In years last birthday) 1 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 18 yrs: Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ✓		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (State or foreign country) Mo	
13a. FATHER'S NAME Perry Bauer			13b. MOTHER'S MAIDEN NAME Routine Schuffer		14. NAME OF HUSBAND OR WIFE ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME Perry Bauer ADDRESS Cameron	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Hydrocephalus		INTERVAL BETWEEN ONSET AND DEATH 21 months
	ANTECEDENT CAUSES Morbidity 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.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 752X		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (Min)	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 **March 7, 1956**, to **12-17, 1957**, that I last saw the deceased alive on **12-16, 1957**, and that death occurred at **3:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. F. Wetherston M.D.		23b. ADDRESS Cameron Mo	23c. DATE SIGNED 12-19-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-21-57	24c. NAME OF CEMETERY OR CREMATORY Catholic	24d. LOCATION (City, town, or county) (State) Cameron Mo
DATE REC'D BY LOCAL REG. 12-19-57	REGISTRAR'S SIGNATURE Francis D. Crawford	25. FUNERAL DIRECTOR'S SIGNATURE Robert J. Jones ADDRESS Cameron	

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

1917

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 Laurence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Cameron, 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.