

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006133

STATE FILE NUMBER

FILED FEB 27 1958

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 34

Health,
& Welfare
Public
Service

300
1-57

492
0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBB CITY, MO. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN JOPLIN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JANE CHINN HOSP. Length of stay in lb 51 DAYS		d. STREET ADDRESS (If outside, give location) 2329 KENTUCKY Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last WINNIE FLORENCE BAUER			4. DATE OF DEATH Month Day Year FEBRUARY 12, 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 4, 1893
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) FAIRGROVE, MO.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JESSE D. KERNAGHAN	
13b. MOTHER'S MAIDEN NAME ELIZABETH RAY		14. NAME OF HUSBAND OR WIFE LOUIS A. BAUER	
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 LOUIS A. BAUER, 2329 KENTUCKY AVE. Address		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Stokes Adams Syndrome DUE TO (c) Generalized vascular sclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY .Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7:15 A.M. 12/23/58 to 2/12/58 and last saw her him alive on 2/12/58 @ 7:14 Death occurred at 7:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>W. Martin</i>	
22b. ADDRESS '709 Joplin, Joplin, Mo.		22c. DATE SIGNED 2/13/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-14-58	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK,	23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 2-17-58	
26. REGISTRAR'S SIGNATURE <i>Mar. Madeline Switzer</i>			

(Licensed Embalmer's Statement on Reverse Side)

County File Number
Date Filed FEB 25 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 *C. M. Jones*

Licensed Embalmer No.

P. O. Address *1015 1/2 E. 1st St. Me*

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.