

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045842

AMENDED

Registration District No. 282 Primary Registration District No. \_\_\_\_\_ Registrar's No. 144

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**FILED JAN 2 1962**

1. PLACE OF DEATH  
a. COUNTY Polk  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Campbell Twp. Length of stay in 1b 11 months  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 miles N. Dunnegan Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri COUNTY Polk  
c. CITY OR TOWN Dunnegan Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) R. F. D. 1 Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Ray Middle Archel Last Bauerrichter  
4. DATE OF DEATH Month 12 Day 24 Year 1961

5. SEX M 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 2/15/04 9. AGE (last birthday) 57 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (City and state or country) Lewis County, Mo. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Henry Bauerrichter 13b. MOTHER'S MAIDEN NAME Anna Feigenstan 14. NAME OF HUSBAND OR WIFE Mary Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_ 17. INFORMANT Address Mrs Mary E. Bauerrichter above

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Coronary artery thrombosis INTERVAL BETWEEN ONSET AND DEATH Int.  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_ PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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 WORK  NOT WHILE AT WORK  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 \_\_\_\_\_ to \_\_\_\_\_ and last saw him alive on 11/24/61  
Death occurred at 3:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. H. Robinson M.D. 22b. ADDRESS Humansville, Mo. 22c. DATE SIGNED 12/25/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 12/25/61 23c. NAME OF CEMETERY OR CREMATORY Union Cemetery 23d. LOCATION (City, town, or county) (State) Steffenville, Missouri

24. FUNERAL DIRECTOR Beckwith Funeral Home Humansville, Mo. ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. Dec. 27, 1961 26. REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon

JAN 30 1962

**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 O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Humansville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.