

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-049037**  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB  
AMENDED

Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 175

**FILED JAN 2 1964**

VS 300  
Rev. 4/59

10850

21850

3 2

4 0

5 0

6

7 0

8 1

95391

10

11

12 2-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ft Leonard Wood, Missouri</b>		Length of stay in 1b	c. CITY OR TOWN <b>Waynesville</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>US Army Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rt 2, Hickory Hills Trailer Ct</b>
3. NAME OF DECEASED (Type or print) First <b>Steven</b> Middle <b>Eugene</b> Last <b>Bauder</b>			4. DATE OF DEATH Month <b>December</b> Day <b>20</b> Year <b>1963</b>
5. SEX <b>Male</b>	6. CAUCASIAN	7. Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>18 Dec 1963</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>n/a</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>n/a</b>	9. AGE (last birthday) IF UNDER 1 YEAR: Months <b>2</b> Days <b>2</b> Hours <b>0</b> Min. <b>0</b> IF UNDER 24 HR: Hours <b>0</b> Min. <b>0</b>
11a. BIRTHPLACE (City and state or country) <b>Ft Leonard Wood, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Richard Bauder</b>		13b. MOTHER'S MAIDEN NAME <b>Judy Ann Gale</b>	
14. NAME OF HUSBAND OR WIFE <b>n/a</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>n/a</b>	
16. SOCIAL SECURITY NO. <b>n/a</b>		17. INFORMANT <b>Judy Ann Bauder, Rt 2, Waynesville, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia</b> DUE TO (b) <b>Tracheo-esophageal fistula</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <b>n/a</b>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>n/a</b>	
20c. TIME OF INJURY Hour <b>n/a</b> a.m. <b>n/a</b> p.m. <b>n/a</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <b>n/a</b>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>n/a</b>	20f. CITY, TOWN, OR LOCATION <b>n/a</b>
21. I attended the deceased from <b>18 Dec 1963</b> to <b>20 Dec 1963</b> and last saw <sup>XX</sup> <sub>her</sub> him alive on <b>20 Dec 1963</b>		Death occurred at <b>9:45 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Signed on title) <i>Marvin K. Lawton Capt MC</i>		22b. ADDRESS <b>U.S.A. H. FT LEONARD WOOD</b>	
22c. DATE SIGNED <b>20 Dec 1963</b>		22d. LOCATION (City, town, or county) (State) <b>FT. LEONARD WOOD, MO</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>12-24-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>POST CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>FT. LEONARD WOOD, MO</b>
24. FUNERAL DIRECTOR <b>MOSS-WILLIAMS, WAYNESVILLE, MO</b>		25. DATE RECD. BY LOCAL REG. <b>12-24-63</b>	26. REGISTRAR'S SIGNATURE <i>Pauline Anderson</i>

USE BLACK INK OR TYPEWRITER RIBBON

**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 \_\_\_\_\_

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.