

FILED JUN 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12374

BIRTH NO. _____		REG. DIST. NO. 221		PRIMARY REG. DIST. NO. 3046		Registrar's No. 29			
1. PLACE OF DEATH a. COUNTY <u>Monteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Monteau</u>					
b. CITY OR TOWN <u>California</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>rural</u>		d. STREET ADDRESS (If rural, give location) <u>3 1/2 mi. S.W. of Jamestown, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham Sanatorium</u>									
3. NAME OF DECEASED (Type or Print) <u>Nich Lous</u>			a. (First)		b. (Middle)		c. (Last) <u>BAER</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept 21, 1885</u>		9. AGE (in years last birthday) <u>65</u> if UNDER 1 YEAR Months Days if UNDER 6 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Stock & grain</u>			11. BIRTHPLACE (State or foreign country) <u>Monteau Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Adam Baer</u>			13b. MOTHER'S MAIDEN NAME <u>Katharin Heinrich</u>			14. NAME OF HUSBAND OR WIFE <u>Frances Spenter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. B. Baer</u>			ADDRESS <u>California Mo.</u>		
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) <u>Congestive Heart Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hypertensive Cardiovascular disease</u>				5 1/2 years	
				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 <u>443X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 <u>May 20</u> , 19 <u>51</u> , to <u>May 21</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 21</u> , 19 <u>51</u> , and that death occurred at <u>5 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Wm. T. Sullivan, M.D.</u>				(Degree or title)		23b. ADDRESS <u>California Mo.</u>		23c. DATE SIGNED <u>5-23-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>May 24, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Monteau Evangelical</u>		24d. LOCATION (City, town, or county) <u>9 mi. north of California</u>		(State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-23-51</u>		REGISTRAR'S SIGNATURE <u>H. R. Popejoy M.D.</u>		202		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Wilson</u>		ADDRESS <u>California Mo.</u>	

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

RECEIVED 6-1-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 6-1-51

100-20-50-50

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California 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.