

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1953

BIRTH NO. _____ REG. DIST. NO. 258 PRIMARY REG. DIST. NO. 5882 Registrar's No. 1

750
1

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

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, write RURAL and give town or township) KOELTZTOWN, MO.		c. CITY (If outside corporate limits, write RURAL and give township) KOELTZTOWN 0950	
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location) JACKSON TOWNSHIP 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION JACKSON TOWNSHIP			

3. NAME OF DECEASED (Type or Print) JOSEPH	a. (First)	b. (Middle) BAX	c. (Last)	4. DATE OF DEATH JAN. 15, 1953	(Month) (Day) (Year)
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DECEMBER 3, 1871	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 1 Days 12	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) KOELTZTOWN, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN BAX	13b. MOTHER'S MAIDEN NAME ANNA WIENEKE	14. NAME OF HUSBAND OR WIFE ANNA BRUNNERT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. ANNA BAX	ADDRESS LOELTZTOWN, MO.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Coma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Pyelonephritis DUE TO (c) Secondary Nephrolithiasis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: (Premortale Nephrectomy)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 602X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 6, 1953 to Jan 15, 1953, that I last saw the deceased alive on Jan 6, 1953, and that death occurred at 9:05 AM from the causes and on the date stated above.

23a. SIGNATURE R. Osburn MD (Degree or title)	23b. ADDRESS Jeff. City - Mo	23c. DATE SIGNED 1-16-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1/17/53	24c. NAME OF CEMETERY OR CREMATORY ST. BONIFACE	24d. LOCATION (City, town, or county) (State) KOELTZTOWN, MO.
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DATE REC'D BY LOCAL REG. 1-17-53	REGISTRAR'S SIGNATURE Rose Rowan 236-0	25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Dulle	ADDRESS J. C. MO.
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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 _____

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.