

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5590

State File No. ....

FILED FEB 28 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 214 PRIMARY REG. DIST. NO. 57180 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Miller</u> <u>0660</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Elizabeth Henry</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Elizabeth Jim Henry</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>0660</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) <u>Peter</u>		c. (Last) <u>Bax</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 14, 1955</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>Oct. 18, 1877</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Bernard Bax</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Boeckman</u>		14. NAME OF HUSBAND OR WIFE <u>Christine Bax</u>	
--	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emil Bax</u>		ADDRESS <u>St. Elizabeth, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	ANTECEDENT CAUSES <u>chronic hepatitis</u> DUE TO (b)		<u>yrs</u>
	DUE TO (c) <u>arteriosclerosis</u>		<u>yrs</u>
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>331X</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 May, 1950, to Feb. 14, 1955, that I last saw the deceased alive on Feb. 14, 1955 and that death occurred at 3:45 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Dean A. Taylor, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Jefferson City, Missouri</u>	23c. DATE SIGNED <u>2/14/55</u>
---	-------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/16/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Lawrence Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Elizabeth, Mo.</u>
--	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>2-14-1955</u>	REGISTRAR'S SIGNATURE <u>John K. Schmittman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. Hedger</u>	ADDRESS <u>Miss.</u>
--	--	---	-------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 23 1955

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 Walter P. Hedges

Signed.....  
Student Embalmer

Licensed Embalmer No. 4265

P. O. Address Berlin, Md.

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.