

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005034

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 4182 Registrar's No. 33

300

1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) Beouf		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN 2 Mi East of Berger Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION His Residence		Length of stay in lb lifetime	d. STREET ADDRESS (If outside, give location) 360 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) JOHN REINHOLD BADE			4. DATE OF DEATH Month 3 Day 6 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-22-1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm work		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (In years last birthday) 68 IF UNDER 1 YEAR: Month 5 Day 14 IF UNDER 24 HRS.: Hours Min.
11. BIRTHPLACE (City and state or country) Berger, Mo. RFD		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME August Bade		13b. MOTHER'S MAIDEN NAME Rosalie Schneider	
14. NAME OF HUSBAND OR WIFE Mrs Flora Bade		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 490-28-6376		17. INFORMANT Mrs. Flora Bade Address Berger, Mo. RFD	
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 Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cardio-renal syndrome DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4 201			INTERVAL BETWEEN ONSET AND DEATH 15 min. 5 yrs.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Feb. 19, 1958 to Mar. 6, 1958 and last saw her alive on Mar. 4, 1958 Death occurred at 6:30AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Quintella D.O.		22b. ADDRESS New Haven, Missouri	
22c. DATE SIGNED 3/7/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 3-8-1958		23c. NAME OF CEMETERY OR CREMATORY St. John's E& R Cem/	
23d. LOCATION (City, town, or county) (State) Berger, Mo		24. FUNERAL DIRECTOR ADDRESS Paul H Blum Berger Mo	
25. DATE RECD. BY LOCAL REG. March 7/1958		26. REGISTRAR'S SIGNATURE Nellie Murphy	

MAR 13 1958

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 *Hugo B. Chaves*

Licensed Embalmer No. *3160*

P. O. Address *Merced Ave*

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.