

XC-17099650 SL 8603

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011305

STATE FILE NUMBER

FILED MAR 27 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2730

300
-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY AUDRAIN			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN VANDALIA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL		Length of stay in lb 153 Days	d. STREET ADDRESS (If outside, give location) 31 209 E. WASHINGTON		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last JAMES F. BAINTER			4. DATE OF DEATH Month Day Year 3-6-58			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-3-93		9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN		11. BIRTHPLACE (City and state or country) HANNIBAL, MISSOURI		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOHN P. BAINTER		13b. MOTHER'S MAIDEN NAME MATILDA DARRELL		
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I				
16. SOCIAL SECURITY NO. 722-12-6788		17. INFORMANT Address VAH RECORDS 915 N. GRAND ST. LOUIS, MO.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MONOCYTTIC LEUKEMIA DUE TO (b) ACUTE PYELONEPHRITIS DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 2 YEARS 2 WEEKS	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20e. CITY, TOWN, OR LOCATION COUNTY STATE			20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. attended the deceased from 10-4-57 to 3-6-58 and last saw him alive on 3/6/58 Death occurred at 5:45 PM on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Degree or title) C. F. COOKS M.D.			
22b. ADDRESS VAH 915 N. GRAND ST. LOUIS, MO.			22c. DATE SIGNED 3/7/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/7/58		23c. NAME OF CEMETERY OR CREMATORY Hannibal Mo.		
23d. LOCATION (City, town, or county) Hannibal, Mo		23e. LOCATION (City, town, or county) (State)		23f. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd.			25. DATE RECD. BY LOCAL REG. MAR 7 '58		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

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 *Frederick B. Traeller, Jr.*
Licensed Embalmer No. *14950*
P. O. Address *St. Louis*

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.