

FILED MAY 12 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016981

STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. 6078 Registrar's No. 34

0950
300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>ST. GENEVIEVE</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JACKSON</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>ST. GENEVIEVE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BLOOMSDALE NO 5R</u>		Length of stay in 1b <u>49 YRS</u>		c. CITY OR TOWN <u>KIMBERLY</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>ANNA</u>		Middle <u>CLARA</u>		Last <u>MAC CLANNAN</u>		Month <u>MAY</u> Day <u>3</u> Year <u>1958</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>FEB 13 1888</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>70</u>		11. BIRTHPLACE (City and state or country) <u>RANDOLPH CO ILL</u>	
13. FATHER'S NAME <u>VINCELL BAUMBUCKER</u>				14. MOTHER'S MAIDEN NAME <u>MARY E BEITHMANN</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>490-36-6056</u>		17. INFORMANT <u>Mrs. Beattie Bloomsdale No 5R</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:							Sudden
IMMEDIATE CAUSE (a) <u>Acute cardiac dilatation</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							2
DUE TO (b) <u>Arterio Hypertension</u>							2
DUE TO (c) <u>Arterio Sclerosis</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) <u>443X</u>				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>April 7-58</u> to <u>May 3-58</u> and last saw <u>her</u> ^{father} alive on <u>April 28-58</u> . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Delapoadle MD</u>				22b. ADDRESS <u>St Genevieve Mo</u>		22c. DATE SIGNED <u>May 5-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>MAY 5 1958</u>		<u>ST SHILOMENA</u>		<u>BLOOMSDALE MO</u>	
24. FUNERAL DIRECTOR ADDRESS <u>ST. GENEVIEVE MO</u>				25. DATE RECD. BY LOCAL REG. <u>May 4, 1958</u>		26. REGISTRAR'S SIGNATURE <u>W. B. Bader</u>	
<u>BASKER FUNERAL HOME</u>							

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 *Adrian J. Ellis*.....

Licensed Embalmer No. *478*

P. O. Address *St. Bernard*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (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.