DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 15 1960

60-000755

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City, Mo.
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 930 Dockery
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: missouri
b. COUNTY: cole
c. CITY OR TOWN: Jefferson City, Mo.
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 930 Dockery
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First: ANNA Middle: HUBERTHA Last: BAX

4. DATE OF DEATH Month: JAN Day: 31 Year: 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ **Never Married** ☐ **Widowed** ☐ **Divorced** ☐

8. DATE OF BIRTH: 4/10/97

9. AGE (last birthday): 62
IF UNDER 1 YEAR: Months 9 Days 21
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Westphalia, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Ben Schaefer

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Edward Bax

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.: 495-12-2046B

17. INFORMANT: Edward B ax Address: J C Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CEREBRAL HEMORRHAGE	48 HRS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	RUPTURE ATHEROMATOUS PLAQUE	48 HRS.
DUE TO (c)	GENERALIZED ARTERIOSCLEROSIS	10 YRS(?)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
LEFT HEMIPLEGIA & APHASIA FOR 1 YR. DUE TO PREVIOUS "STROKE"

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 DEC. 4, 1958, to JAN. 30, 1960 and last saw her alive on JAN. 30, 1960
Death occurred at 5:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Donald Shull M.D.

22b. ADDRESS: 521 E. High, Jefferson City, Mo.

22c. DATE SIGNED: 5 Feb 1960

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2/3/60

23c. NAME OF CEMETERY OR CREMATORY: Resurrection

23d. LOCATION (City, town, or county) (State): Jefferson City, Mo.

24. FUNERAL DIRECTOR: Sylvester Duelle ADDRESS: J C Mo.

25. DATE RECD. BY LOCAL REG.: 5 February 1960

26. REGISTRAR'S SIGNATURE: R P Harris Mo. M Richter Dep.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

VS FEB 23 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4321

P. O. Address Jeffersonville

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