

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-050698

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 319 Primary Registration District No. _____ Registrar's No. 57

FILED DEC 22 1965

VS 300
Rev. 4/59

1 0950

2 0950

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN BLOOMSDALE		Length of stay in 1b	c. CITY OR TOWN BLOOMSDALE
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION JACKSON TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Box 37
3. NAME OF DECEASED (Type or print) First JOHN Middle WILLIAM Last BAYER		4. DATE OF DEATH Month DECEMBER Day 19 Year 1965	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-25-1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	9. AGE (last birthday) 77
13a. FATHER'S NAME CHARLES BAYER		13b. MOTHER'S MAIDEN NAME CAROLINE SEWALD	11. BIRTHPLACE (City and state or country) LAWRENCETON, Mo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW # 1		17. INFORMANT MRS. GENE GERARD, BLOOMSDALE, 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) Arterio Sclerotic Heart Disease		12. CITIZEN OF WHAT COUNTRY U.S.A.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 3 Years	
DUE TO (b) Generalized Arteriosclerosis		5 Years	
DUE TO (c) Parkinsons' Syndrome		2 Years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hepatitis Acute		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)	
20c. TIME OF INJURY Hour 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>3-13-57</u> to <u>12-19-65</u> and last saw him alive on <u>12-15-65</u> Death occurred at <u>4:00 A.m</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>G. H. De Genova MD</i>		22b. ADDRESS <i>Ste Genevieve Mo</i>	22c. DATE SIGNED <i>12-20-65</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-21-1965	23c. NAME OF CEMETERY ST. AGNES CEMETERY	23d. LOCATION (City, town, or county) (State) BLOOMSDALE, MISSOURI
24. FUNERAL DIRECTOR JERRY STANTON MORTUARY, STE. GENEVIEVE,		25. DATE RECD. BY LOCAL REG. 12-20-1965	26. REGISTRAR'S SIGNATURE <i>George L. Wood</i>

USE BLACK INK OR TYPEWRITER RIBBON

JAN 4 1966

NOV 17 1966

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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 Walter B. Venging

Licensed Embalmer No. 4996

P. O. Address Festus, Mo.

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.