

FILED JUL 9 - 1951

STANDARD CERTIFICATE OF DEATH

State File No. 21003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 102

1. PLACE OF DEATH  
a. COUNTY Pulaski  
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Waynesville) c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION Waynesville General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Maries  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dry Creek 0630  
d. STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print)  
a. (First) Frances b. (Middle) Josephine c. (Last) Bade  
4. DATE OF DEATH (Month) 6 (Day) 20 (Year) 51

5. SEX female/ 6. COLOR OR RACE white 7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) married 1  
8. DATE OF BIRTH 3/17/1883 9. AGE (in years last birthday) 68 IF UNDER 1 YEAR Months IF UNDER 1 YEAR Days IF UNDER 1 MIN. Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (State or foreign country) Missouri 0 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Julius Pelikan 13b. MOTHER'S MAIDEN NAME Ellen Davis 14. NAME OF HUSBAND OR WIFE Caspar 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. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Caspar Bade Dry Creek, Missouri

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 19 1948, to 30 June 1951, that I last saw the deceased alive on 20 June 1951, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE E. O. Hughes (Degree or title) 23b. ADDRESS M. R. Dixon - Mrs. 23c. DATE SIGNED 28 June 51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6/22/1951 24c. NAME OF CEMETERY OR CREMATORY Vienna Cemetery 24d. LOCATION (City, town, or county) (State) Vienna, Missouri

DATE REC'D BY LOCAL REG. 7-3-51 REGISTRAR'S SIGNATURE E. O. Anderson 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred H. Gilbert, Dixon, Missouri

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0853

RECEIVED 1-3-51  
Pulaski County Health Officer  
File Number  
Date Filed 7-7-51

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 \_\_\_\_\_

June 20 - 1951  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Maurice Schierbaum  
Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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 this body is not embalmed, fact should be so stated above.