

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8803

State File No.

LED APR 6 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 380

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ottawa</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rt Joseph</u>	c. LENGTH OF STAY (in this place) <u>1147.10-21-53</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Port - RURAL 0030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 2</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Bault</u> c. (Last) <u>Bault</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 26 - 1953</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>Nov. 22 - 1876</u>	9. AGE (In years last birthday) <u>76 -</u>	10. UNDER 1 YEAR Months <u>4</u> Days <u>4</u> Hours <u>4</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>Jacob Bault</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Williamson</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Ann Bault</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Carl Linville Rockport Mo</u>	ADDRESS <u>Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Arterio sclerosis (Psychosis)</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4 2 2 1</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1, 1953, to March 26, 1953, that I last saw the deceased alive on March 26, 1953, and that death occurred at 7 49 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Forrest Skomes MD</u>	23b. ADDRESS <u>Rt Joseph Mo. State Hospital No 2</u>	23c. DATE SIGNED <u>3/27-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>3/27/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rockport Missouri</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>April 2, 1953</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton - Bowman Funeral Home</u>	ADDRESS <u>St. Joseph, Mo.</u>
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed William Spalding

Signed.....
Student Embalmer

Licensed Embalmer No. 4535

P. O. Address 2195 17th St. Wash. D.C.

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.