

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

23498

BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 130

I. PLACE OF DEATH

a. COUNTY Lacledeb. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon Rural c. LENGTH OF STAY (in this place) 4 mo.d. FULL NAME OF HOSPITAL OR INSTITUTION Ski High Motel U.S. 66

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY Lacledec. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon Rural R. #4d. STREET ADDRESS (If rural, give location) Ski High Motel U.S. Highway 66

3. NAME OF DECEASED

a. (First) Ottilia

b. (Middle)

c. (Last) Baas4. DATE OF DEATH (Month) (Day) (Year) Aug. 4 1954

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 23. 1866

9. AGE (In years last birthday)

87

10. MONTHS (Under 1 year)

7

11. DAYS (Under 1 month)

11

12. IF UNDER 18 HRS. 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 (State or foreign country)

Dubuque Iowa

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Fredrick Hess

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

Joseph F. Baas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME

Mrs. Ruth Walters Lebanon, Mo.

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)

Cerebro-vascular accident

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Hypertensive vascular disease

DUE TO (c)

Toxic goiter

II. OTHER SIGNIFICANT CONDITIONS -

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

6 hrs.15 yearsunknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

2520

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) m.

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 April, 1954, to Aug. 4, 1954, that I last saw the deceased alive on July 16, 1954, and that death occurred at 7:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

R. R. Froelich M.D.

23b. ADDRESS

Lebanon, Mo.

23c. DATE SIGNED

8/5/54

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

8/6/54

24c. NAME OF CEMETERY OR CREMATORY

Forrest Home Cemetery

24d. LOCATION (City, town, or county)

Maywood Illinois

(State)

DATE REC'D BY LOCAL REG.

8-6-1954

REGISTRAR'S SIGNATURE

Alella

424

L. May

25. FUNERAL DIRECTOR'S SIGNATURE

L. May

ADDRESS

U.E. Holman Lebanon Mo.

(Licensed Emballmer's Statement on Reverse Side)

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

AUG 7 1954
Received
Laclede County Hospital
File No. 8-54-103 123
Date Filed AUG 9 1954

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
Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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 this body is not embalmed, fact should be so stated above.