

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **12675**

FILED MAY 2 1955

8-55

BIRTH NO. _____		REG. DIST. NO. <u>211</u>		PRIMARY REG. DIST. NO. <u>4324</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>MILLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TUSCUMBIA</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EUGENE</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Humphreys Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>EVA.</u> c. (Last) <u>BAX</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 22 1955</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPTEMBER 22, 1884</u>	
9. AGE (In years last birthday) <u>70</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>ST. ELIZABETH, MO. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>FRITZ LAMPE</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA EVERS</u>		14. NAME OF HUSBAND OR WIFE <u>PETER T. BAX SR.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS, <u>Mrs. Veronica Hering, Jefferson City</u>			
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.		<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure due to Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 hr</u></p> <p>ANTECEDENT CAUSES <u>As a result of the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cerebral Hemorrhage</u> <u>4 hr</u></p> <p>DUE TO (c) <u>Arteriosclerotic Vascular Disease</u> <u>8 yrs</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p> </div>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>442X</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Dec 1945</u> , to <u>4-22, 1955</u> , that I last saw the deceased alive on <u>4-22, 1955</u> , and that death occurred at <u>5:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. E. Humphreys D.O.</u> (Degree or title) <u>2</u>				23b. ADDRESS <u>Tuscomb, Mo.</u>		23c. DATE SIGNED <u>4-22-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR. 26-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MARY'S HOME</u>		24d. LOCATION (City, town, or county) (State) <u>EUGENE MO.</u>	
DATE REC'D BY LOCAL REG. <u>April 23, 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. Richard L. Wright</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis D. Phillips</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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

Louis D. Phillips

Licensed Embalmer No.

36693

P. O. Address

Bedon

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.