

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

45110

STATE FILE NUMBER

FILED DEC 24 1957

Registration District No. **215211** Primary Registration District No. **4324** Registrar's No. **50-57**

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Elizabeth		c. CITY OR TOWN St. Elizabeth	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jim Henry Twp.		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) Frank Bernard Bax			4. DATE OF DEATH Nov 20, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Nov 11, 1886		9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			11. BIRTHPLACE (City and state or country) Miller Co. Mo		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Henry Bax			14. MOTHER'S-MAIDEN NAME Elizabeth Evers		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mary Anna Bax			Address St. Elizabeth, 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) CORONARY THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 4:20 a. m. 1 Month, Day, Year		
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐	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 _____ to _____ and last saw her alive on _____ Death occurred at 2:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE L.S. Humphreys, D.O., Coroner	22b. ADDRESS Tusculum, Missouri	22c. DATE SIGNED 11-27-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/23/57	23c. NAME OF CEMETERY OR CREMATORY St. Lawrence
23d. LOCATION (City, town, or county) St. Elizabeth, Mo		(State)

24. FUNERAL DIRECTOR Hedges Funeral Homes	25. DATE RECD. BY LOCAL REG. 12-12-57	26. REGISTRAR'S SIGNATURE Mrs. W.E. Kallenbach
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....

Licensed Embalmer No. 42

P. O. Address.....

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.