

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006167
STATE FILE NUMBER

FILED MAR 11 1958

Registration District No. 163 Primary Registration District No. 55-93 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson (Twp.) Plattin		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Festus		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rosehill Nursing Home			Length of stay in 1b 6 Mos.		d. STREET ADDRESS R. # 1
3. NAME OF DECEASED (Type or print) GENEVIEVE			First K.	Middle BAKER	Last
4. DATE OF DEATH February 28, 1958			Month February Day 28 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 7, 1877		9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY - - -		11. BIRTHPLACE (City and state or country) Festus, Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13. FATHER'S NAME William B. Kenner		
14. MOTHER'S MAIDEN NAME Mary M. Swink			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, no. or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mo Mrs. Mary Pashia, 320 N. 2nd St., Festus			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular disease					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) -					
DUE TO (c) -					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour - Month - Day - Year - a. m. - p. m. -					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 May 6, 1957 to Feb 23, 58 and last saw her alive on Feb 23, 58 Death occurred at - on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Bertina Beyer, MD (Degree or title)			22b. ADDRESS Festus, Mo		22c. DATE SIGNED 2/28/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-2-58	23c. NAME OF CEMETERY OR CREMATORY Christian		23d. LOCATION (City, town, or county) (State) Festus, Mo.
24. FUNERAL DIRECTOR ADDRESS Vinyard Funeral Home, Inc. Festus, Mo.			25. DATE RECD. BY LOCAL REG. Mar. 1-1958		26. REGISTRAR'S SIGNATURE Marie Harris

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JEFFERSON COUNTY HEALTH DEPT.

HILLSBORO, MISSOURI

DATE RECEIVED

MAR 4 1958

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 *W. B. King*

Licensed Embalmer No. *49*

P. O. Address *Festus*

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.