

Health,  
& Welfare  
Public  
Service  
264  
S. 300  
1-57

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028595  
STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 252

1. PLACE OF DEATH a. COUNTY <b>Cole</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Osage</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Koeltztown, Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Charles Still Hospital</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>LAWRENCE LOUIS BAX</b>			4. DATE OF DEATH Month Day Year <b>AUG. 21, 1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 25, 1906</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Month Day <b>11 26</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Koeltztown, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Frank Bax</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Linnenbrink</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Joseph Falter Koeltztown, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Respiratory Failure</b> <b>Card Hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Compression Fractures 3-4-5 Cervical</b> DUE TO (c) <b>Compression Fractures 3-4-5 Cervical</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>90213</b>					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) <b>Fell from Hay Wagon landing on Head</b>			
20c. TIME OF INJURY Hour Month, Day, Year <b>6:30 p.m. Aug 20 58</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Ray Bax Farm</b>			
20e. CITY, TOWN, OR LOCATION <b>Koeltztown</b>		COUNTY <b>Osage</b>		STATE <b>MO</b>	
21. I attended the deceased from <b>Aug 20-58</b> to <b>Aug 21-58</b> and last saw her alive on <b>Aug 21-58</b> Death occurred at <b>Aug 21 58 3:30 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Do not write title) <b>Regina E. Robinson</b>			22b. ADDRESS <b>Jefferson City MO</b>		22c. DATE SIGNED <b>Aug 22-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8/23/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Boniface</b>		23d. LOCATION (City, town, or county) (State) <b>Koeltztown, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Sylvester Dulle</b>		25. DATE RECD. BY LOCAL REG. <b>J C Mo. 25 August 1958</b>	26. REGISTRAR'S SIGNATURE <b>R. P. Norris, MD-MR</b>		

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Lybster Dulle* .....

Licensed Embalmer No. *4321* .....

P. O. Address *Jefferson City* .....

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.