

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033543

STATE FILE NUMBER

FILED OCT 14 1958

Registration District No.

211

Primary Registration District No.

4324

Registrar's No. 26-58

300
1-57

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, Mo.		c. CITY OR TOWN St. Elizabeth	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) FRANK BAX		4. DATE OF DEATH Month SEPT. Day 25 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH Aug. 10, 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R tired Farmer		11. BIRTHPLACE (City and state or country) St. Thomas, Mo.	
13a. FATHER'S NAME John Bax		13b. MOTHER'S MAIDEN NAME Sophia De Brine	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 485-42-9185	
17. INFORMANT Agnes 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) Nephroarteriosclerosis DUE TO (b) arteriosclerosis generalis DUE TO (c) 446 X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Benign prostatic hyperplasia			INTERVAL BETWEEN ONSET AND DEATH 6 mo year
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 5:40 Month, Day, Year Sept 25 1958		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 St. Elizabeth, Mo.	
21. I attended the deceased from Death occurred at 5:40 A. M.		22. ADDRESS Jefferson City, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/27/58	
23c. NAME OF CEMETERY OR CREMATORY St. Lawrence		23d. LOCATION (City, town, or county) (State) St. Elizabeth, Mo.	
24. FUNERAL DIRECTOR Sylvester Dulle		25. DATE RECD. BY LOCAL REG. October 2, 1958	
26. REGISTRAR'S SIGNATURE Mrs. H. E. Kallenbach		27. DATE SIGNED 9-29-58	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

OCT 6 '58

Miller County
Health Department

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 *Sylvester Miller*

Licensed Embalmer No. *4321*

P. O. Address *Jefferson City 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.