

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009542

STATE FILE NUMBER

AMENDED

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 59

FILED MAR 21 1961

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u>				Length of stay in lb <u>3 days</u>		c. CITY OR TOWN <u>Swedeborg</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>				Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) <u>None</u>	
3. NAME OF DECEASED (Type or print) First <u>Jennie</u> Middle <u>Hendricka</u> Last <u>Bade</u>				4. DATE OF DEATH Month <u>March</u> Day <u>12</u> Year <u>1961</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH <u>Aug 9 1892</u>	
9. AGE (last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </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 <u>Domestic</u>		11. BIRTHPLACE (City and state or country) <u>Holland Nebraska</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>							
13a. FATHER'S NAME <u>Victor Miller</u>				13b. MOTHER'S MAIDEN NAME <u>Janna VanDeWeghe</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Bade</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>494 22 1140</u>		17. INFORMANT <u>James Bade</u> Address <u>Mercer Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Infarction</u> DUE TO (b) <u> </u> DUE TO (c) <u> </u> Interval between onset and death <u>30 min.</u> 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). <u>Marked Obesity</u>							
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown							
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐		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 <u> </u> a.m. <u> </u> p.m. <u> </u>		Month, Day, Year <u>3/8/61</u>					
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>3/8/61</u>		20f. CITY, TOWN, OR LOCATION <u>3/12/61</u>		COUNTY <u> </u> STATE <u> </u>	
21. I attended the deceased from <u>3/8/61</u> to <u>3/12/61</u> and last saw her alive on <u>3/12/61</u> Death occurred at <u>4:45P</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>RW Irackich, MD</u>				22b. ADDRESS <u>Lebanon Missouri</u>		22c. DATE SIGNED <u>3/15/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3/15/61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St John Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Swedeborg Missouri</u>	
24. FUNERAL DIRECTOR <u>Moss-Williams Funeral Homes Richland Mo</u>				25. DATE RECD. BY LOCAL REG. <u>3-15-1961</u>		26. REGISTRAR'S SIGNATURE <u>Hella L. May</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence E Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, Mi

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.