ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014641
STATE FILE NUMBER

AMENDED

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 40

FILED APR 25 1961

1. PLACE OF DEATH
a. COUNTY PERRY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PERRYVILLE
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PERRY CO. MEMORIAL
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY STE GENEVIEVE
c. CITY OR TOWN STE. GENEVIEVE
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RR # 1
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Roy Middle: LEE Last: BADER
4. DATE OF DEATH Month: APRIL Day: 6 Year: 1961
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4/5/61
9. AGE (last birthday) IF UNDER 1 YEAR: Months / Days IF UNDER 24 HR: Hours 8 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) PERRYVILLE MO
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME LEROY A. BADER
13b. MOTHER'S MAIDEN NAME ARMELLA MEYER
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Leroy Bader Ste Genevieve Mo RR#1 Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Massive atelectasis bilateral — INTERVAL BETWEEN ONSET AND DEATH: 7 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Prematurity.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 5/61, to April 6 and last saw her/him alive on April 6/61
Death occurred at 12 55 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph F Lutkewitte (Degree or title) MD
22b. ADDRESS Ste Genevieve Mo
22c. DATE SIGNED April 7/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/7/61
23c. NAME OF CEMETERY OR CREMATORY ST JOSEPH Cemetery
23d. LOCATION (City, town, or county) ZELL (State) MO

24. FUNERAL DIRECTOR Leo C. Bader Ste. Genevieve Mo ADDRESS
25. DATE RECD. BY LOCAL REG. 4-8-61
26. REGISTRAR'S SIGNATURE Jos J Zollner

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Leo C. Basler

Signature of Student Embalmer

Licensed Embalmer No. 1985

P. O. Address Sto. Guemena

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.