N	VISION OF HEALTH – STANDARD CERTIFICATE OF DEATH 62-03			
DO NOT WRITE ON THIS STUB	AMEND	ED	Registration District No. 4324 Registrati's No. 35-62 STATE FILE	NUMBER
VS 300	e		1. PLACE OF DEATH a. COUNTY Miller 2. USUAL RESIDENCE (Where deceased lived. If institution as STATEMISSOURIS, COUNTY Miller	on: Residence before admission)
Rev. 4/59	AMENDED		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OR TOWN OR TOWN OR TOWN St. Elizabeth	Inside Limits Yes □ No 🛱
20660	DATE A		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence Inside Limits ADDRESS Rural Route #1	Reside on Farm Yes No □
3	/ 		3. NAME OF DECEASED First Middle Last 4. DATE Month Date (Type or print) Joseph Martin Bax DEATH Sept. 1"	•
4 0			5. SEX 6. COLOR OR RACE 7. Married 2. Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 Y	EAR IF UNDER 24 HR
5 /	_δ		106. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN	OF WHAT COUNTRY
7 0	MOILOW		13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR V	
8 0	AS K		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas no or unknown)! (If you give war or dates of service)	
10	ARE	ENI		INTERVAL BETWEEN ONSET AND DEATH
11	RECORD EAD OF	DOCUME	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, DUE TO (b) Coronary Scherous	-ce.
12612 - 1	THIS RE-	ă	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)	,
	8		b	ed was female was signancy in last 90 days
	AMENDMENT		19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART PERFORMED? PERFORMED? SEE NO	
Ų Ž	AMEN 1		20c. TIME OF Hour Month, Day, Year INJURY a.m., p.m.	· · · ·
BLACK INK OR RITER RIBBON			20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, while AT WORK 10e. NOT WHILE AT WORK	STATE
BLAC OR RITER	READ		21. 1 attended the deceased from 1948 Death occurred at 110Pm on the date stated above, and to the best of my knowledge, from the	1 /962.
USE BLAC OR TYPEWRITER	SHOULD	IT OF	22a. SIGNATURE (Degree or title) 22b. ADDRESS We will be in the state of the stat	22c. DATE SIGNED
	Ö Z	AFFIDAV	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(State) .ssouri
	ITEM I	BY AF	Burial 9-20-1962 St. Iawrence Cemetery St. Elizabeth. Mi 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Scrivner-Stevinson St. Elizabeth Mo. 9-26-62 Hurtandam Scrivner-Stevinson St. Elizabeth Mo. 9-8-8-60 Hurtandam Scrivner-Stevenson St. Elizabeth Mo. 9-8-	ce m.D.
<u>'</u>	((1		(Licensed Embalmer's Statement on Reverse Side)	

STATEMENT BY LICENSED EMBALMER

ed on the reverse side of this certificate was embalmed by me,
, Student Embalmer No. 654
$(A)_{\alpha}$
Signed Lawren
Licensed Embalme No. 46 73
P. O. Address Soul Mr.

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.