

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035694

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 119 Primary Registration District No. 5993 Registrar's No. 99

VS 300
Rev. 4/59

1370

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Roark Twp		c. CITY OR TOWN RFD Hermann	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Frene Valley Nursing Home		d. STREET ADDRESS (If outside, give location) 3mi. East of Swiss	
3. NAME OF DECEASED (Type or print) First ERNEST Middle E. Last BADE		4. DATE OF DEATH Month 10 Day 3 Year 1963	
5. SEX Male	6. COLOR OR RACE Cau.	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 9/13/1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen'l Farming	
11a. FATHER'S NAME Fred C. Bade		11b. MOTHER'S MAIDEN NAME Minnie Wissmann	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		13. SOCIAL SECURITY NO. None	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RENAL PAPILLARY NECROSIS		15. INTERVAL BETWEEN ONSET AND DEATH 3 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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		16. 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 8-21-63 to 10-3-63 and last saw her alive on 9-28-63 Death occurred at 9:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) George M. Workman M.D.	
22b. ADDRESS Hermann, Missouri		22c. DATE SIGNED 10-3-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-6-1963	23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery	23d. LOCATION (City, town, or county) Swiss, Missouri
24. FUNERAL DIRECTOR Herman Blumer, Inc. - Herman, Mo.		25. DATE RECD. BY LOCAL REG. 10-12-63	26. REGISTRAR'S SIGNATURE Helma Uffelman

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 Oswald L. Groner

Licensed Embalmer No. 5187

P. O. Address Hermann, 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.