

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-036711

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

163

Primary Registration District No.

5396

Registrar's No.

67

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 14 1963

1. PLACE OF DEATH

a. COUNTY JEFFERSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN VALLELength of stay in 1b
30 YRSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION HIWAY V. DESOTO, RT.Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo b. COUNTY JEFF

c. CITY OR TOWN DE SOTO

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
120 SOUTH FOURTHReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Middle Last

LENORA ANNA MARIE BAISCH

4. DATE OF DEATH Month Day Year

OCTOBER 6, 1963

5. SEX

FEMALE

6. COLOR OR RACE

CAUC.

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/11/97

9. AGE (last birthday)

66

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

AT HOME

11. BIRTHPLACE (City and state or country)

JACOB, ILLINOIS

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

CHARLES KISTENMACHER

13b. MOTHER'S MAIDEN NAME

FRANCES WEIS

14. NAME OF HUSBAND OR WIFE

FRED BAISCH

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.

490-32-6725

17. INFORMANT

FRED BAISCH DE SOTO, 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)

myocardial massive infarction

INTERVAL BETWEEN ONSET AND DEATH

sudden (to home)

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 ☐ Unknown19. 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 9/30/59 to 10/6/63 and last saw her alive on Oct. 6, 1963
Death occurred at Oct. 6, 63 8:00 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Chas. E. Owen, M.D.

22b. ADDRESS

De Soto, Mo.

22c. DATE SIGNED

10/9/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

10/10/63

23c. NAME OF CEMETERY OR CREMATORY

WOODLAWN MEMORIAL

23d. LOCATION (City, town, or county)

DE SOTO, MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

D.B. DIETRICH, DE SOTO, MISSOURI

25. DATE RECD. BY LOCAL REG.

10-9-1963

26. REGISTRAR'S SIGNATURE

Marie Harris

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

10500

20505

3

4 1

5 1

6

7 1

8 2

9420.1

10

11

12 90.2

13 30

FEB 18 1964

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 Fred Dietrich

Licensed Embalmer No. 5096

P. O. Address De Soto, 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.