

FILED MAY 12 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016981

STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. 6078 Registrar's No. 34

0950  
300  
1-56

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>ST. GENEVIEVE</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>ST. GENEVIEVE</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JACKSON</u>		c. CITY OR TOWN <u>KINERY</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BLOOMSDALE NO. 5 R.</u>	Length of stay in lb <u>49 YRS</u>	d. STREET ADDRESS <u>STAR ROUTE</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First <u>LANNA</u>	Middle <u>CHARA</u>	Last <u>MAC CLANNAN</u>	Month <u>MAY</u>	Day <u>3</u>	Year <u>1958</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB 13 1888</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>RANDOLPH CO ILL</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>VINCELL BAUMRUCKER</u>			14. MOTHER'S MAIDEN NAME <u>MARY E BEITHMANN</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>490-36-6056</u>	17. INFORMANT <u>Mrs. Lu Buatta Bloomsdale Mo 5 R.</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) <u>Acute cardiac Distention</u>		<u>Sudden</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arterio Hypertension</u>	<u>2</u>
	DUE TO (c) <u>Arterio Sclerosis</u>	<u>2</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>443X</u>	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____

21. I attended the deceased from <u>April 7-58</u> to <u>May 3-58</u> and last saw <u>her</u> alive on <u>April 28-58</u>		
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>Delapoadle MD</u>	22b. ADDRESS <u>St Genevieve Mo</u>	22c. DATE SIGNED <u>May 5-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>MAY 5 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST SHILOMENA</u>	23d. LOCATION (City, town, or county) <u>BLOOMSDALE MO</u>
24. FUNERAL DIRECTOR <u>BASKER FUNERAL HOME</u>		25. DATE RECD. BY LOCAL REG. <u>May 4, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Luella Basker</u>

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Alvan J. Ellis*.....

Licensed Embalmer No. *478*

P. O. Address *St. Bernard*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.