

CERTIFICATE OF DEATH

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 37

DO NOT WRITE ON THIS STUB

9. 1  
10a. 84  
10b. 01  
11. 0  
12. 2  
13. 4123  
14. 60950  
15. 4  
16. 0  
19. CREDITS  
20. 1-0

VS 300  
Rev. 1/68

4. 0951

5. 01

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0950

PARENTS

CAUSE

CERTIFIER

BURIAL

|  |  |  |  |  |   |   |
|--|--|--|--|--|---|---|
| DECEASED—NAME FIRST MIDDLE LAST  |  |  | SEX  | DATE OF DEATH (MONTH, DAY, YEAR)   |   |   |
| 1. <u>Rose Delma BADER</u>   |  |  | <u>Female</u>  | <u>July 8, 1969</u>  |   |   |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)   |  | AGE—LAST BIRTHDAY (YEARS)  | UNDER 1 YEAR MOS. DAYS   | UNDER 1 DAY HOURS MIN.   | DATE OF BIRTH (MONTH, DAY, YEAR)  |   |
| 4. <u>White</u>  |  | 5a. <u>84</u>  | 5b. <u>0</u>   | 5c. <u>0</u>   | 6. <u>Feb. 23, 1885</u>   |   |
| CITY, TOWN, OR LOCATION OF DEATH   |  |  | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)          |  |   |   |
| 7b. <u>Ste. Genevieve</u>  |  |  | 7c. <u>Yes</u> 7d. <u>Ste. Genevieve County Mem. Hospital</u>                          |  |   |   |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)  |  | CITIZEN OF WHAT COUNTRY  |  | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)                        |   | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)                  |
| 8. <u>Missouri</u>   |  | 9. <u>USA</u>  |  | 10. <u>Widowed</u>   |   | 11.   |
| SOCIAL SECURITY NUMBER   |  |  | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) |  | KIND OF BUSINESS OR INDUSTRY  |   |
| 12. <u>490-56-5213-J1</u>  |  |  | 13a. <u>Housewife</u>  |  | 13b. <u>Own Home</u>  |   |
| RESIDENCE—STATE COUNTY   |  | CITY, TOWN, OR LOCATION  |  | INSIDE CITY LIMITS (SPECIFY YES OR NO)                                     |   | STREET AND NUMBER   |
| 14a. <u>Missouri Ste. Gen.</u>   |  | 14c. <u>Bloomsdale</u>   |  | 14d. <u>Yes</u>  |   | 14e. <u>No Street Number</u>                                  |
| FATHER—NAME FIRST MIDDLE LAST  |  |  | MOTHER—MAIDEN NAME FIRST MIDDLE LAST   |  |   |   |
| 15. <u>Joshua Billy</u>  |  |  | 16. <u>Mary LaLumondier</u>  |  |   |   |
| INFORMANT—NAME   |  |  | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)                       |  |   |   |
| 17a. <u>Mrs. Ruth LaBrot Jr.</u>   |  |  | 17b. <u>Bloomsdale, Missouri 63627</u>   |  |   |   |
| PART I. DEATH WAS CAUSED BY:   |  |  | [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]                                  |  |   | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH                  |
| 18. IMMEDIATE CAUSE  |  |  | (a) <u>CARDIAC DECOMPENSATION + CORONARY</u>   |  |   | <u>10 DAYS</u>  |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST  |  |  | (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u>  |  |   | <u>5 YEARS</u>  |
|  |  |  | (c) <u>GENERALIZED ARTERIOSCLEROSIS</u>  |  |   | <u>10 YRS</u>   |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)   |  |  |  |  | AUTOPSY (YES OR NO)   | IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH |
| <u>GASTROINTESTINAL HEMORRHAGE - ETIOLOGY UNK.</u>   |  |  |  |  | 19a. <u>NO</u>  | 19b.  |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)   |  | DATE OF INJURY (MONTH, DAY, YEAR)  | HOUR   | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) |   |   |
| 20a.   |  | 20b.   | 20c.   | 20d.   |   |   |
| INJURY AT WORK (SPECIFY YES OR NO)   |  | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)   | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)                                   |  |   |   |
| 20e.   |  | 20f.   | 20g.   |  |   |   |
| CERTIFICATION—PHYSICIAN:   |  | MONTH DAY YEAR   | MONTH DAY YEAR   | AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR                               | DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. |   |
| 21a. ATTENDED THE DECEASED FROM  |  | 21b. <u>2 4 59</u>   | 21c. <u>7 8 69</u>   | 21d. <u>7 8 69</u>   | 21e. <u>12:40 P.M.</u>  |   |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. |  |  | HOUR OF DEATH  |  | THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR  |   |
| 22a.   |  |  | 22b. <u>12:40 P.M.</u>   |  | 22c. <u>July 8, 1969</u>  |   |
| CERTIFIER—NAME (TYPE OR PRINT)   |  | SIGNATURE  |  | DEGREE OR TITLE  |   | DATE SIGNED (MONTH, DAY, YEAR)                                |
| 23a. <u>Dr. G.H. DeGenova M.D.</u>   |  | 23b. <u>[Signature]</u>  |  | 23c. <u>MD</u>   |   | 23d. <u>July 9 1969</u>                                       |
| MAILING ADDRESS—CERTIFIER  |  |  | CITY OR TOWN STATE ZIP   |  |   |   |
| 23e.   |  |  | 23f. <u>Medical Arts Bldg. Ste. Genevieve, Mo. 63670</u>                               |  |   |   |
| BURIAL, CREMATION, REMOVAL (SPECIFY)   |  | CEMETERY OR CREMATORY—NAME   |  | LOCATION CITY OR TOWN STATE  |   |   |
| 24a. <u>Burial</u>   |  | 24b. <u>St. Agnes Cemetery</u>   |  | 24c. <u>Bloomsdale, Mo.</u>  |   |   |
| DATE (MONTH, DAY, YEAR)  |  | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) |  |  |   |   |
| 24d. <u>July 11, 1969</u>  |  | 24e. <u>Stanton Mortuary, Ste. Genevieve, Mo. 63670</u>                        |  |  |   |   |
| FUNERAL DIRECTOR—SIGNATURE   |  | REGISTRAR—SIGNATURE  |  | DATE RECEIVED BY LOCAL REGISTRAR   |   |   |
| 25a. <u>[Signature]</u>  |  | 25b. <u>[Signature]</u>  |  | 25c. <u>July 9, 1969</u>   |   |   |

Type or print in PERMANENT BLACK INK. See handbook for instructions.

JUL 28 1969

**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 *Jeanette M. Wood*

Licensed Embalmer No. 5480

P. O. Address Ste. Genevieve, Mo.  
63670

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.