

FILED JUL 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22413**

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>213</u>		
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>			c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>			3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N. Boundary</u>				d. STREET ADDRESS (If rural, give location) <u>N. Boundary</u>				0
3. NAME OF DECEASED (Type or Print)		a. (First) <u>David</u>	b. (Middle) <u>Samuel</u>	c. (Last) <u>Bachman</u>	4. DATE OF DEATH (Month) (Day) (Year)		<u>July 17 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 18 1870</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Adair County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>Jacob Bachman</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Claybrook</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Bell Stoneking</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Anna Bell Bachman, Kirksville, Mo</u> ADDRESS					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>	INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	DUE TO (b) <u>Nephrosis (Nephrosis)</u>				1 yr.		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Prostatitis (Prostatitis)</u>				5 yrs		
	II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.				6 1/2 hr		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
			<u>Kirksville Adair Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <u>6/10</u> , 19 <u>49</u> , to <u>7/17</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7/17</u> , 19 <u>49</u> , and that death occurred at <u>11:30 P. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>E. B. Besterman D.O.</u>			23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>7/18/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/20/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morelock</u>		24d. LOCATION (City, town, or county) (State) <u>Adair County, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>7-18-49</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. G...</u> ADDRESS <u>Kirksville, Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUL 26 1949  
District Health Officer No. 10  
District File Number 7-49-131  
Date Filed JUL 26 1949

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 .....  
Student Embalmer

Signed Roy H. Merwin

Licensed Embalmer No. 4932

P. O. Address Kirksville, 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 this body is not embalmed, fact should be so stated above.