

FILED JUN 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17524

State File No. \_\_\_\_\_

|                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                      |  |                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                                    |  | REG. DIST. NO. <u>211</u>                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | PRIMARY REG. DIST. NO. <u>4324</u>                                                                                                   |  | Registrar's No. <u>3450</u>                                              |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Miller</u>                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Miller</u> |  |                                                                          |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Jackson</u>                                                                                                                                                             |  | c. LENGTH OF STAY (in this place)<br><u>2 weeks</u>                                                                                                                                                                                                                                                                                                                                                                                                                     |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Jackson</u>                                               |  | d. STREET ADDRESS (If rural, give location)<br><u>0660</u>               |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Humphreys Hosp.</u>                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | d. STREET ADDRESS (If rural, give location)<br><u>0660</u>                                                                           |  |                                                                          |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) <u>-</u> c. (Last) <u>BACHARACH</u>                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>May 29, 1950</u>                                                                         |  |                                                                          |  |
| 5. SEX<br><u>Male</u>                                                                                                                                                                                                                              |  | 6. COLOR OR RACE<br><u>White</u>                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u>                                                             |  | 8. DATE OF BIRTH<br><u>Feb. 16, 1883</u>                                 |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Sales Promotion</u>                                                                                                                              |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Meat. Equip. Co.</u>                                                                                                                                                                                                                                                                                                                                                                                                            |  | 11. BIRTHPLACE (State or foreign country)<br><u>St. Louis, Mo.</u>                                                                   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>                               |  |
| 13a. FATHER'S NAME<br><u>Max Bacharach</u>                                                                                                                                                                                                         |  | 13b. MOTHER'S MAIDEN NAME<br><u>Sarah Landecker</u>                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 14. NAME OF HUSBAND OR WIFE<br><u>Maudie Bacharach</u>                                                                               |  |                                                                          |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><u>No</u>                                                                                                                                                                     |  | 16. SOCIAL SECURITY NO.<br><u>391</u>                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. Ray Harvey</u>                                                                          |  |                                                                          |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                      |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma of Liver</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Carcinoma of Sigmoid Colon</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>153X</u> |  |                                                                                                                                      |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 Mo.</u><br><u>1 1/2 yrs</u>     |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                             |  | 19b. MAJOR FINDINGS OF OPERATION                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                      |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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)                                                                                      |  |                                                                          |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)                                                                                                                                                                                             |  | 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>5-15-1950</u> to <u>5-29-1950</u> , that I last saw the deceased alive on <u>5-28-1950</u> , and that death occurred at <u>5:20 A.M.</u> , from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                      |  |                                                                          |  |
| 23a. SIGNATURE<br><u>M. E. Humphreys D.O.</u>                                                                                                                                                                                                      |  | 23b. ADDRESS<br><u>Jackson, Mo.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 23c. DATE SIGNED<br><u>5-29-50</u>                                                                                                   |  |                                                                          |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                                                                                                                                                                         |  | 24b. DATE<br><u>May 31, 1950</u>                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>St. Olive</u>                                                                               |  | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis Mo.</u>    |  |
| DATE REC'D BY LOCAL REG.<br><u>May 29, 1950</u>                                                                                                                                                                                                    |  | REGISTRAR'S SIGNATURE<br><u>Mrs. Richard L. Wright</u>                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Louis D. Phillips</u>                                                                         |  |                                                                          |  |

(Licensed Embalmers' Statement on Reverse Side)

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

0660

651 22 WNR

RECEIVED

JUN 1 1950  
MILLER COUNTY HEALTH  
DEPARTMENT

OCT 10 1952

JUN 9 1950

### 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 Louis D. Phillips  
Licensed Embalmer No. 3663  
P. O. Address Edison

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.