

THE DIVISION OF HEALTH OF MISSOURI
FILED JUL 5 1950 STANDARD CERTIFICATE OF DEATH

22439

State File No.

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston 1802	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital		d. STREET ADDRESS 119 E. Trotter 0	

3. NAME OF DECEASED (Type or Print) Janie		b. (Middle)		c. (Last) Bacher		4. DATE OF DEATH (Month) (Day) (Year) June 12, 1950	
--	--	-------------	--	---------------------	--	---	--

5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Dec. 2, 1873		9. AGE (In years last birthday) 76m		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No		10b. KIND OF BUSINESS OR INDUSTRY No		11. BIRTHPLACE (State or foreign country) Eldorado, Illinois /				12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME Robert Hopper (dec)		13b. MOTHER'S MAIDEN NAME Mary A. Lasater (dec)		14. NAME OF HUSBAND OR WIFE Adolph J. Bacher	
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. NO.		17. INFORMANT'S SIGNATURE AND ADDRESS Mrs. Glenn Fish, daughter, Sikeston, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease 2. antecedent causes Morbidity conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 year 4/200	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 6/11, 1950 to 6/11, 1950, that I last saw the deceased alive on 6/11, 1950, and that death occurred at 3:35 a.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. C. Critchfield M.D.		23b. ADDRESS Sikeston, Mo		23c. DATE SIGNED June 12, 1950	
--	--	------------------------------	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-18-1950		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) SIKESTON MO	
---	--	------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. June 26 50		REGISTRAR'S SIGNATURE Mrs. Ella Thier		25. FUNERAL DIRECTOR'S SIGNATURE Funeral Home - Sikeston, Mo		ADDRESS	
--	--	--	--	---	--	---------	--

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 3 1950

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 750-68

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.