

NOV 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34109

BIRTH NO. _____		REG. DIST. NO. 159		PRIMARY REG. DIST. NO. 4249		Registrar's No. 78	
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hillsboro				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN De Soto 0502			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Cedar Grove Nursing Home				d. STREET ADDRESS (If rural, give location) 1422 North 4th 6			
3. NAME OF DECEASED (Type or Print) Ernest		b. (Middle) Otto		c. (Last) Bahr		4. DATE OF DEATH (Month) (Day) (Year) Oct. 22, 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 1		8. DATE OF BIRTH October 6, 1891	
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Shoe repair		11. BIRTHPLACE (State or foreign country) Blackwell, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William F. Bahr		13b. MOTHER'S MAIDEN NAME Louise Kobs		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. NW 1		17. INFORMANT'S SIGNATURE OR NAME Wm. Bahr 2831 Brentwood Blvd. Brentwood, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive vascular disease with myocardial failure. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) arteriosclerosis, generalized. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Old paraplegia, left due to cerebral hemorrhage.				INTERVAL BETWEEN ONSET AND DEATH 2 years 1-2 years 3 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X				20. AUTOPSY? YES ☐ NO ☒	
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐					
22. I hereby certify that I attended the deceased from Jan 1951, to Oct 22, 1951, that I last saw the deceased alive on Oct 17, 1951, and that death occurred at 4:00 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Thomas A. Donnell M.D. De Soto, Mo.				23b. ADDRESS		23c. DATE SIGNED 10-22-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/24/51		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) De Soto, Mo.	
DATE REC'D BY LOCAL REG. 10-23-51		REGISTRAR'S SIGNATURE Kathleen Mandan		25. FUNERAL DIRECTOR'S SIGNATURE Daniel G. Mahan		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 26 1951

JEFFERSON COUNTY HEALTH DEPT.
WARSBORO, MISSOURI
DATE RECEIVED 11-9-51

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 Ramif J. Mahan

Licensed Embalmer No. 4326

P. O. Address Bebe 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.