

No. 300
10.48
FILED MAY 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11979**

BIRTH NO. _____		REG. DIST. NO. <u>321</u>		PRIMARY REG. DIST. NO. <u>5709</u>		Registrar's No. <u>214</u>	
1. PLACE OF BIRTH a. COUNTY <u>BOLLINGER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bessville Mo. R.F.D. 9, Mo.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Crooked creek, Twp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) <u>Ernest A. Bach</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>1952</u> <u>XXXXXX</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10-17-1891</u>	
9. AGE (In years last birthday) <u>60</u>		10. UNDER 1 YEAR Months Days Hours Mins. <u>6</u> <u>17</u>		11. BIRTHPLACE (State or foreign country) <u>Readsville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Heat Contractor</u>		13a. FATHER'S NAME <u>P.H. Bach</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Meadows</u>	
13c. NAME OF HUSBAND OR WIFE <u>Mary Devine</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		15. SOCIAL SECURITY NO. <u>None</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ernest A. Bach, Bessville, Mo</u>	
17. ADDRESS _____		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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound through heart & lungs from front.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>12 gauge shotgun</u> DUE TO (c) <u>E981X</u>			
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bollinger Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5</u> <u>4</u> <u>52</u> <u>6</u> P.M.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Homicide</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased _____ on <u>5/4</u> , 19 <u>52</u> , and that death occurred at <u>6</u> P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John J. Myers Coroner</u>				23b. ADDRESS <u>Lutesville Mo</u>		23c. DATE SIGNED <u>5/6/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-8-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mem. Park Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 10. 1952</u>		REGISTRAR'S SIGNATURE <u>Willie Vaulinburg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Weid</u>		ADDRESS <u>Lutesville, Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

Shelley Ward Funeral Home
Lutesville, Mo

MAY 9 1963

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.

Signed

Howard R. Sherman

Signed
Student Embalmer

Licensed Embalmer No. *4133*

P. O. Address. *Cape Girardeau, 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.