

FILED JUL 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21963

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>4601</u>		Registrar's No. <u>205</u>		
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Adair</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Novinger</u>		c. LENGTH OF STAY (In this place) <u>1 yr</u>		c. CITY OR TOWN <u>Novinger</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Novinger, at his home</u>				e. STREET ADDRESS (If rural, give location) <u>Novinger. 0010</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clyde</u>			b. (Middle) _____		c. (Last) <u>Bachman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 20, 1954</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>July 7, 1879</u>		9. AGE (In years last birthday) <u>75</u>	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) <u>Retired Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Power &amp; Light</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Adair County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Solomon Bachman</u>			13b. MOTHER'S MAIDEN NAME <u>Angeline Capps</u>		14. NAME OF HUSBAND OR WIFE <u>Estella Rowe Bachman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Estella Bachman, Novinger, Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION:					INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>longstanding heart failure.</u>		DUE TO (b) <u>arteriosclerotic heart disease</u>					<u>4 months</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.		DUE TO (c) <u>with myocardial infarction</u>					<u>2 years.</u>	
2. ANTECEDENT CAUSES		11. OTHER SIGNIFICANT CONDITIONS						
		Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				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) (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>July 1952</u> , to <u>July 19, 1954</u> , that I last saw the deceased alive on <u>July 12, 1954</u> , and that death occurred at <u>3:45 A. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Hansford Carter M.D.</u> (Degree or title)			23b. ADDRESS <u>Browning, Mo.</u>		23c. DATE SIGNED <u>July 31, 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/22/54</u>	24c. NAME OF CEMETERY, OR CREMATORY <u>Maple Hills</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-23-54</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. ...</u>		ADDRESS <u>Kirkville, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 4

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..... Signature of Student Embalmer

Signed... *Herbert E. Hayes* .....

Licensed Embalmer No. *489* .....

P. O. Address *Smithville* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.