

FILED OCT 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. 34121

BIRTH NO. REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 2808 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY MONTGOMERY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MO. b. COUNTY WARREN	
b. CITY (If outside corporate limits, give BURIAL and give town) JONES Bluff TOWN RURAL - BENCREEK		c. LENGTH OF STAY (in this place) 3 mos.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. CITY OR TOWN WARRENTON		d. STREET ADDRESS (If rural, give location) 1091	
d. FULL NAME OF HOSPITAL OR INSTITUTION MARYS NURSING HOME			

3. NAME OF DECEASED (Type or Print)	a. (First) EMMA	b. (Middle) MARTHA	c. (Last) BAHR	4. DATE OF DEATH (Month) 10 (Day) 12 (Year) 1955
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 17 1893	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) RHINE LAND MO.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME WILLIAM QUICK	13b. MOTHER'S MAIDEN NAME MARY PETERS	14. NAME OF HUSBAND OR WIFE ARCHIE J. BAHR
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. 490-09-8774	17. INFORMANT'S SIGNATURE OR NAME Archie J. Bahr	ADDRESS Warrenton
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 12 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Edema		24 hrs
	DUE TO (c) Cerebral Arteriosclerosis		1 yr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 334 X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept. 6, 1955, to Oct. 12, 1955, that I last saw the deceased alive on Oct. 11, 1955, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS [Address]	23c. DATE SIGNED 10/12/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-14-55	24c. NAME OF CEMETERY OR CREMATORY RIVER VIEW	24d. LOCATION (City, town, or county) (State) JEFFERSON CITY MO
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DATE REC'D BY LOCAL REG. Oct. 15-55	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS [Address]
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(Licensed Embalmer's Statement on Reverse Side)

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

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..... *D B Baher*

Licensed Embalmer No.... *337*

P. O. Address... *Americus*

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.