

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6115
Registrar's No. 186

FILED DEC 28 1955

REG. DIST. NO. 333

PRIMARY REG. DIST. NO. 3074

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

BIRTH NO. _____		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>3074</u>		Registrar's No. <u>186</u>	
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MINER Sikeston</u>		c. LENGTH OF STAY (In this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MINER Sikeston</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. Z. Fernal</u>				d. STREET ADDRESS (If rural, give location) <u>R. 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RONALD</u> b. (Middle) <u>EUGENE</u> c. (Last) <u>BACHER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-12-55</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>6-16-1945</u>	
9. AGE (In years last birthday) <u>10</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>IN SCHOOL</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sikeston MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOE BACHER</u>			13b. MOTHER'S MAIDEN NAME <u>LYDIA HEATH</u>			14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Joe Bacher, Miner Sikeston MO</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Central Hemorrhage, Massive</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Trauma</u> DUE TO (c) <u>845X 21</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1. FRACTURE, SKULL, TEMPORAL R.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>Final</u>
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.) <u>HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sikeston Scott MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 12 55 51 a.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>THROWN FROM HORSE</u>			
22. I hereby certify that I attended the deceased from <u>12-12</u> , 19 <u>55</u> , to <u>12-12</u> , 19 <u>55</u> that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:00 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Under Secy. MO</u>				23b. ADDRESS <u>Sikeston Mo. 217 S. Kingshighway</u>		23c. DATE SIGNED <u>12-16-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-14-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GARDEN OF MEMORIES</u>		24d. LOCATION (City, town, or county) (State) <u>Sikeston MO</u>	
DATE REC'D BY LOCAL REG. <u>12-17-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Clara Hunter 429</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Welsh Funeral Home Sikeston Mo</u>			

DATE RECEIVED DEC 19 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1255-272

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sebaston Ma

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.