

State File No. \_\_\_\_\_

FILED FEB 14 1956

REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6177 Registrar's No. 20

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 081 PRIMARY REG. DIST. NO. 6111 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Sullivan	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan
---	---

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Buchanan Twp.	c. LENGTH OF STAY (in this place) 50 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Buchanan Twp.
--	---	--

d. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION Home 9 mi. N. Green City

3. NAME OF DECEASED (Type or Print)	a. (First) Henry	b. (Middle) -----	c. (Last) Bachman	4. DATE OF DEATH	(Month) Feb.	(Day) 6	(Year) 1956
---	---------------------	----------------------	----------------------	------------------------	-----------------	------------	----------------

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 1 1873	9. AGE (In years last birthday) 82	10. IF UNDER 1 YEAR Months Days -- --	11. IF UNDER 24 HOURS Hours Min. -- --
----------------	---------------------------	--	---------------------------------	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Gen. Farming	Missouri	USA

13a. FATHER'S NAME Solomon Bachman	13b. MOTHER'S MAIDEN NAME Angeline Capps	14. NAME OF HUSBAND OR WIFE Edwinna Bachman
---------------------------------------	---	--

15. WAS DECEASED (Yes, no, or unknown)	EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Faye Thomas	ADDRESS Green City Mo.
---	--	---------------------------------	---	---------------------------

<p><b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)</p> <p><i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i></p>	<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p><b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Generalized peritonitis</u></p> <p><b>ANTECEDENT CAUSES</b></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>abscess gall bladder</u></p> <p>DUE TO (c)</p>	<p><b>INTERVAL BETWEEN ONSET AND DEATH</b></p>
	<p><b>II. OTHER SIGNIFICANT CONDITIONS.</b></p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
				m.	WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	

22. I hereby certify that I attended the deceased from Feb. 5, 1956, to Feb. 6, 1956, that I last saw the deceased alive on Feb. 6, 1956, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Bill McDonald</i>	(Degree or title) <i>Asst</i>	23b. ADDRESS <i>2111 Missionville, Mo</i>	23c. DATE SIGNED <i>2-7-51</i>
--	-------------------------------	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-8-1956	Burnett Cemetery	Sullivan County, Mo.

DATE REC'D BY LOCAL REG. 7-14-56.	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Green City, Mo.
---	---	--	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 12 1956

### 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.....

Licensed Embalmer No. 4689

P. O. Address Green City, 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.