

FILED APR 25 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 103

1. PLACE OF DEATH

a. COUNTY

Macon

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN. MaconInside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Samaritan HospLength of stay in lb
1 Day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Shelby

c. CITY
OR
TOWN

Clarence

Inside Limits
Yes ☐ No ☒d. STREET
ADDRESS

6 mi. N.W. Clarence Mo

Reside on Farm
Yes ☒ No ☐3. NAME OF
DECEASED
(Type or print)

First

Middle

Last

George

Bachstein

4. DATE
OF
DEATH

Month

Day

Year

April

6th

1956

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED ☒ NEVER MARRIED ☐WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

July 10th 1874

9. AGE (In years
last birthday)

81

10. IF UNDER 1 YEAR

Months

Days

Hours

Min.

8

26

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Farm Work

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Clarence Mo

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frank Bachstein

14. MOTHER'S MAIDEN NAME

Rosa Fichel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs Lola Bachstein Clarence Mo

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

Myocardial Failure

INTERVAL BETWEEN
ONSET AND DEATH

Rev days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hypertensive Heart Disease

DUE TO (c)

Sen. spr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

443x

19. WAS AUTOPSY
PERFORMED?YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF
INJURYHour
a. m.
p. m.

20d. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐20e. PLACE OF INJURY (e. g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Apr 5 - 56 to Apr 6 - 56 and last saw him alive on Apr 6 - 56
Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Howard Miller Mo

22b. ADDRESS

Macon

22c. DATE SIGNED

4/13/56

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

4/8/56

23c. NAME OF CEMETERY OR CREMATORY

Bethel Church Cemetery

23d. LOCATION (City, town, or county)

Macon Co

(State)

Mo

24. FUNERAL DIRECTOR

ADDRESS

Barkelaw & Davis Shelbina Mo.

25. DATE RECD. BY LOCAL REG.

4/10/56

26. REGISTRAR'S SIGNATURE

Ruth McNeely

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED 4.18.56
MACON COUNTY HEALTH DEPARTMENT
County File No. 456-53
Date Recd 4.19.56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harry G. Bartelme*
Licensed Embalmer No. 38
P. O. Address *Shelburne*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.