

FILED JUN 8 1956

STANDARD CERTIFICATE OF DEATH

State File No. 16849

BIRTH NO.		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 3030		Registrar's No. 57	
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON			
b. CITY (If outside corporate limits, write RURAL and give township) FESTUS, MO.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN FESTUS, MO.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 16 RYAN ST.				e. STREET ADDRESS (If rural, give location) 16 RYAN ST. 05020			
3. NAME OF DECEASED (Type or Print) a. (First) HENRY		b. (Middle) J.		c. (Last) BACHMANN		4. DATE OF DEATH (Month) (Day) (Year) MAY 21 1956	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY 29, 1887	
9. AGE (in years last birthday) 68		10. MONTHS 68		11. BIRTHPLACE (City and State or Foreign Country) OLD APPLETON, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME JOSEPH BACHMANN		13b. MOTHER'S MAIDEN NAME AMILLIA SCHMIDT	
13c. NAME OF HUSBAND OR WIFE BERTHA BACHMANN		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 498-01-1677	
17. INFORMANT'S SIGNATURE OR NAME BERTHA BACHMANN		17. ADDRESS FESTUS, MO		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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION -		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) HOMICIDE		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) (Minute) -	
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 March 12, 1956 , to April 25, 1956 , that I last saw the deceased alive on April 25, 1956 , and that death occurred at 7:30 P.M. , from the causes and on the date stated above.		23a. SIGNATURE William B. Buehler, M.D.	
23b. ADDRESS Festus, Mo		23c. DATE SIGNED 5/22/56		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 24, 1956	
24c. NAME OF CEMETERY OR CREMATORY ROSELAWN CEMETERY		24d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MO.		25. FUNERAL DIRECTOR'S SIGNATURE James T. Cady		25. ADDRESS CRYSTAL CITY, MO.	
DATE REC'D BY LOCAL REG. 5-23-56		REGISTRAR'S SIGNATURE James G. Jordan		25. FUNERAL DIRECTOR'S SIGNATURE James T. Cady		25. ADDRESS CRYSTAL CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
WILLIAMSBORO, MISSOURI

DATE RECEIVED

MAY 29 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.....
Signature of Student Embalmer

Signed.....

James Richard Cady

Licensed Embalmer No. 43

P. O. Address *Crystal*

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.