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FILED JUN 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19856

BIRTH NO. " REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 4083 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: CARROLL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DEWITT
c. LENGTH OF STAY (In this place): 20 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI COUNTY: CARROLL
c. CITY OR TOWN: DEWITT
d. Is Residence within limits of a city or incorporated town? Yes R No ☐
e. STREET ADDRESS (If rural, give location): 0 110 0

3. NAME OF DECEASED (Type or Print)
a. (First): AUGUST b. (Middle): PHILIP c. (Last): BAHR

4. DATE OF DEATH (Month): 6 (Day): 6 (Year): 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC. 17 - 1868
9. AGE (In years last birthday): 87 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING & TRUCKING
10b. KIND OF BUSINESS OR INDUSTRY: SAME
11. BIRTHPLACE (City and State or Foreign Country): MONTGOMERY CO MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A
13a. FATHER'S NAME: PHILIP BAHR
13b. MOTHER'S MAIDEN NAME: DORA VAN STRADDIN
14. NAME OF HUSBAND OR WIFE: ANNA BAHR
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: MRS. ANNA BAHR ADDRESS: DEWITT 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteria Thrombosis Cerebral — INTERVAL BETWEEN ONSET AND DEATH: 30 day

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture left Hip — 23 days
DUE TO (c) Arteria Sclerosis — 3 yrs
DUE TO (c) Senility — 1 yr

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Anemia Primary — 1 yr

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 332XA
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-15-, 1956, to 6-6-, 1956 that I last saw the deceased alive on June 6, 1956 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: Grover C. Rice (Degree or title): M.D. **23b. ADDRESS**: Brunswick Mo **23c. DATE SIGNED**:

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 6-8-1956
24c. NAME OF CEMETERY OR CREMATORY: EVERGREEN
24d. LOCATION (City, town, or county): DEWITT (State): MO

DATE REC'D BY LOCAL REG.: 6-11-56
REGISTRAR'S SIGNATURE: Pearl Koch
25. FUNERAL DIRECTOR'S SIGNATURE: L. Mitchell ADDRESS: Brunswick Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 9 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed L. W. [illegible]

Licensed Embalmer No. 82

P. O. Address [illegible]

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.