

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24207

State File No. ....

FILED JUL 24 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3029 Registrar's No. 73

050

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 OR TOWN CRYSTAL CITY		c. CITY OR TOWN CRYSTAL CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 807 MISSISSIPPI		e. STREET ADDRESS (If rural, give location) 807 MISSISSIPPI	

050/0

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) N. c. (Last) BACHMANN			4. DATE OF DEATH (Month) (Day) (Year) JULY 6, 1956		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JUNE 1, 1884		9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work during most of working life, if retired)	
RETIRED GLASSWORKER		11. BIRTHPLACE (City and State or Foreign Country) QUINCY, ILLINOIS		12. COUNTRY OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME MARY FISHER		14. NAME OF HUSBAND OR WIFE BERTIE	

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'S SIGNATURE OR NAME ADDRESS MRS. FRANK BACHMANN CRYSTAL CITY, MO.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 4 mos plus	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Undifferentiated carcinoma lung.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

163x

22. I hereby certify that I attended the deceased from 2-13-52, 1952, to 7-6-56, 1956, that I last saw the deceased alive on 6-18-, 1956, and that death occurred at 5:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John F. Rutledge M.D.</u>		23b. ADDRESS Crystal City, Mo.		23c. DATE SIGNED 7-6-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-8-56		24c. NAME OF CEMETERY OR CREMATORY ROSELAWN MEMORIAL GARDEN	
				24d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MO.	

DATE REC'D. BY LOCAL REG. 7/7/56		REGISTRAR'S SIGNATURE <u>John M. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS POLITTE FUNERAL HOME CRYSTAL CITY, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**JEFFERSON COUNTY HEALTH DEPT.**  
**WILLIAMSBORO, MISSOURI**

DATE RECEIVED

~~JUL 17 1968~~

JUL 17 1968

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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 *Gentry R. Paley*.....

Licensed Embalmer No. *348*.....

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.