

FILED JAN 31 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 203

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>4042</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>LUTESVILLE</u> )		c. LENGTH OF STAY (in this place) <u>4 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		1003	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOND NURSING HOME</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>			b. (Middle) <u>MARY</u>		c. (Last) <u>JONES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN-10-1957</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB-21-1902</u>		9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Sikeston Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Adolph Bacher</u>		13b. MOTHER'S MAIDEN NAME <u>JANIE HOPPER</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Margaret Lee, Sikeston Mo.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary edema &amp; passive congestion</u> DUE TO (c) <u>arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Liver cirrhosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>2 wks</u> <u>2 yrs.</u> <u>3 yrs.</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? <u>4500</u>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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 <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 <u>Jan 7</u> , 1957 to <u>Jan 10</u> , 1957, that I last saw the deceased alive on <u>Jan 10</u> , 1957, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James D. Springer D.O.</u>				23b. ADDRESS <u>Suberville Mo.</u>		23c. DATE SIGNED <u>1-21-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-12-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>Sikeston Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-23-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Welch Funeral Home Sikeston Mo.</u>			

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

**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 Raymond Lewis

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.