

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31679
STATE FILE NUMBER
4235
Registrar's No.

FILED OCT 4 1957

Registration District No. 149 Primary Registration District No. 1001

300
-57 4

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Lawrence</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Verona</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If not in Missouri, give name of HOSPITAL OR INSTITUTION) <i>416 East 36th St.</i>		Length of stay in 1b <i>2 yrs.</i>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>LEONA</i> Middle <i>—</i> Last <i>BACHER</i>			4. DATE OF DEATH Month <i>Sept.</i> Day <i>11</i> Year <i>1957</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan-23, 1889</i>	9. AGE (In years last birthday) <i>68</i>	10. FUNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>	11. BIRTHPLACE (City and state or country) <i>Burns, Nebraska</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13a. FATHER'S NAME <i>Henry Henke</i>		13b. MOTHER'S MAIDEN NAME <i>Maxy Hole</i>		14. NAME OF HUSBAND OR WIFE <i>Fred Bacher</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No None</i>		16. SOCIAL SECURITY NO. <i>495-30-1584</i>	17. INFORMANT <i>Mrs. Louise Hulen</i> Address <i>1209 Virginia K. C. Mo.</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral hemorrhage</i>					INTERVAL BETWEEN ONSET AND DEATH <i>48 hours</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>Head 1st Cerebral hemorrhage</i>			331+
		DUE TO (c) <i>about 2 1/2 yrs ago</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <i>1955</i> to <i>9/10/57</i> and last saw her alive on <i>9/10/57</i> Death occurred at <i>12:50 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>J. J. Farnsworth MD</i>			22b. ADDRESS <i>1103 Grand K.C. MO</i>		22c. DATE SIGNED <i>9/14/57</i>
23a. BURIAL CREMATION (Specify) <i>Burial</i>	23b. DATE <i>SEPT. 11, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lee Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Verona, Missouri</i>	
24. FUNERAL DIRECTOR <i>D.W. Newcomer's Sons</i>		ADDRESS <i>K.C. Mo.</i>	25. DATE REC'D. BY LOCAL REG. <i>9-11-57</i>	26. REGISTRAR'S SIGNATURE <i>Ieva Marshall</i>	

MEDICAL CERTIFICATION
J. J. Farnsworth USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Adrian Jay Stitt*

Licensed Embalmer No. *4982*

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.