

pt. Health,
, & Welfare
S. Public
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FILED DEC 23 1957

THE DIVISION OF HEALTH OF MISSOURI 31798-37
STANDARD CERTIFICATE OF DEATH

43691
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>Cape</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Menfro Rt #1</u> <u>07</u> <u>00</u> Inside Limits <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Frances Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>8 Hrs</u>	

3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>M</u> Last <u>Bachmann</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>2</u> Year <u>1957</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 11 1957</u>	9. AGE (In years last birthday) Months <u>7</u> Days <u>22</u>	IF UNDER 1 YEAR Hours <u>00</u> Min. <u>00</u>	IF UNDER 24 HRS. Hours <u>00</u> Min. <u>00</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Perryville Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Vernon Bachmann</u>	13b. MOTHER'S MAIDEN NAME <u>Mildred Mueller</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Vernon Bachmann</u>	Address <u>Menfro Rt #1 Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Subendocardial Fibrrosis</u> <u>Patent Foramen Ovale</u> <u>Cardiac Enlargement & Heart Failure?</u> <u>See Pneumonia - Rt. Side</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
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? <u>YES</u> <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>None</u>
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20c. TIME OF INJURY Hour <u>8:00</u> Month <u>Dec</u> Day <u>2</u> Year <u>1957</u> p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	20f. CITY, TOWN, OR LOCATION <u>Cape Girardeau</u>	COUNTY <u>Perry</u>	STATE <u>Mo</u>
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21. I attended the deceased from <u>2:30 A</u> to <u>8:00 A</u> and last saw ^{from} him alive on <u>Dec. 2, 1957</u> Death occurred at <u>8:00 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Chas. J. Herbert M.D.</u>	22b. ADDRESS <u>Cape Girardeau, Mo</u>	22c. DATE SIGNED <u>12/10/57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 4 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lutheran</u>	23d. LOCATION (City, town, or county) (State) <u>Farrar Missouri</u>
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24. FUNERAL DIRECTOR <u>Young & Sons Perryville</u>	ADDRESS <u>Perryville</u>	25. DATE RECD. BY LOCAL REG. <u>12-19-57</u>	26. REGISTRAR'S SIGNATURE <u>Milford Winchester Dep.</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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ev. 1-57

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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 *Wallace Young* _____

Licensed Embalmer No. *4027* _____

P. O. Address *Perryville* _____

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.