

with, welfare, public, vice

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
864

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lebanon Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Length of stay in lb 33 days	d. STREET ADDRESS (If outside, give location) 206 N. Jefferson Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ruth Middle L. Last Bahr			4. DATE OF DEATH Month January Day 1 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 25, 1896
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY In Home	9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months 8 Days 6 IF UNDER 24 HRS. Hours Min.
10a. FATHER'S NAME Frank L. Miller		10b. MOTHER'S MAIDEN NAME Martha Laurence	11. BIRTHPLACE (City and state or country) Ashland, Kentucky 12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Frank L. Miller		13b. MOTHER'S MAIDEN NAME Martha Laurence	
14. NAME OF HUSBAND OR WIFE Millard C. Bahr		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) None	
16. SOCIAL SECURITY NO.		17. INFORMANT Millard C. Bahr Address Lebanon, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypoxia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinomatosis DUE TO (c) Cancer of left breast			INTERVAL BETWEEN ONSET AND DEATH 5 days 1 yr. 5 yrs.
19. 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? 170X 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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE 		20f. CITY, TOWN, OR LOCATION COUNTY STATE 	
21. I attended the deceased from 1952 , to 1958 and last saw her him alive on Jan. 1, 1958 Death occurred at 1 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (If one or title) G. C. Southy, M.D.	
22b. ADDRESS Prof. Bldg. Springfield Mo		22c. DATE SIGNED 1/2/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 6, 1957	23c. NAME OF CEMETERY OR CREMATORY National
23d. LOCATION (City, town, or county) Springfield, Missouri		23e. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Palmer Funeral Home Lebanon, Mo.		25. DATE RECD. BY LOCAL REG. 1-2-58	26. REGISTRAR'S SIGNATURE Edith Wellman ms

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

Seal

JAN 9 1958

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 *L. Doolin Gorman*

Licensed Embalmer No. *3177*
P. O. Address *Springfield, 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.