

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010445

STATE FILE NUMBER

FILED MAR 24 1958

Registration District No.

160

Primary Registration District No.

3030

Registrar's No.

44

1. PLACE OF DEATH a. COUNTY <b>JEFF.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>MISSOURI</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>FESTUS, MO.</b>		c. CITY OR TOWN <b>FESTUS</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HIGHWAY 61-67</b>		d. STREET ADDRESS (If outside, give location) <b>118 WALNUT</b>	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Anthony Joseph Bachek</b>		4. DATE OF DEATH Month Day Year <b>3-12-58</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3-1-1910</b>
9. AGE (In years last birthday) <b>48</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>GLASSWORKER</b>	
11. BIRTHPLACE (City and state or country) <b>KITTANNING, PA.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>TOBIAS BACHEK</b>		13b. MOTHER'S MAIDEN NAME <b>JULIA PILVEIN</b>	
14. NAME OF HUSBAND OR WIFE <b>MARTHA</b>		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 Address <b>MRS. A. BACHEK FESTUS, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>TRAUMA - Auto Accident</b>			INTERVAL BETWEEN ONSET AND DEATH
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <b>Auto Truck Collision</b>	
20c. TIME OF INJURY Hour a.m. <b>4:40</b> Month, Day, Year <b>3/12/58</b>			
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.) <b>Highway</b>	
20f. CITY, TOWN, OR LOCATION <b>Festus</b>		COUNTY <b>050</b> STATE <b>MO.</b>	
21. I attended the deceased from <b>Engress</b> to <b>and last saw her alive on</b> Death occurred at <b>14:40</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>James E. Johnson M.D. C. Corone</b>		22b. ADDRESS <b>Festus Mo.</b>	
22c. DATE SIGNED <b>3/12/58</b>			
23a. BURIAL, CREMATION, ETC. (Specify) <b>BURIAL</b>		23b. DATE <b>3-15-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>GAMEL</b>		23d. LOCATION (City, town, or county) <b>FESTUS, MO.</b>	
24. FUNERAL DIRECTOR <b>GENTRY R. POLITTE</b>		ADDRESS <b>CRYSTAL CITY, MO.</b>	
25. DATE RECD. BY LOCAL REG. <b>3-13-58</b>		26. REGISTRAR'S SIGNATURE <b>James E. Johnson</b>	

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 18 1958

MAR 25 1958

DEC 11 1959

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

*Butler R. Cole*

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.