

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000126
STATE FILE NUMBER

FILED FEB 3 1959 Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 5

061
300
1-57

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Minden Lines
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Potts Nursing Home		Length of stay in lb 3y, 1m, 28d	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM BAIR			4. DATE OF DEATH Month Day Year Jan 29 1959
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 1 1861
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Coal Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal Mining	9. AGE (In years last birthday) 97
11. BIRTHPLACE (City and state or country) Warren County, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Liblian Bair		13b. MOTHER'S MAIDEN NAME Elizabeth Jared	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Potts Nursing Home Records, Lamar, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal Pneumonia DUE TO (b) Chronic Bronchitis DUE TO (c) Emphysema PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I (a) Fibrosis of Lungs & Senility 5020			INTERVAL BETWEEN ONSET AND DEATH 3 days months years?
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 <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 12-28-59 to 1-29-59 and last saw her/him alive on 1-28-59 Death occurred at 11:55 a.m. on the date stated above and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Herbert M. Arnold M.D.		22b. ADDRESS Lamar Missouri	
22c. DATE SIGNED 1-30-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan 30 1959	23c. NAME OF CEMETERY OR CREMATORY Rosebank Cemetery	23d. LOCATION (City, town, or county) (State) Mulberry, Kansas
24. FUNERAL DIRECTOR ADDRESS Konantz Funeral Home, Lamar, Missouri		25. DATE RECD. BY LOCAL REG. JAN 31 '59	26. REGISTRAR'S SIGNATURE Marie Konantz

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Norman L. Thompson*

Licensed Embalmer No. *4816*.....
P. O. Address *Lamar, 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.