

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008366

STATE FILE NUMBER

FILED MAR 23 1959

Registration District No. 25

Primary Registration District No. 5094

Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osage Twp		c. CITY OR TOWN Rich Hill, Rural	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mile s. Rich Hill 15 yrs		d. STREET ADDRESS (If outside, give location) 1 mile S. Rich Hill	
3. NAME OF DECEASED (Type or print) First Middle Last HARRY AMOS BACHMAN		4. DATE OF DEATH Month Day Year March 14 1959	
5. SEX male	6. COLOR OR RACE white	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH December 31 1877 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) freight clerk		10b. KIND OF BUSINESS OR INDUSTRY Rail way	11. BIRTHPLACE (City and state or country) Gosset Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Amos Bachman	
13b. MOTHER'S MAIDEN NAME Mary Ellen Moody		14. NAME OF HUSBAND OR WIFE Hattie Bachman	
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 Mrs Hattie Bachman-Rich Hill, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Supraventricular heart disease 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) _____		INTERVAL BETWEEN ONSET AND DEATH one year	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 443x	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐	
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 Death occurred at March 14 1959 to March 14 1959 and last saw him alive on March 14 1959 on the date stated above and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deceased or title) Amos Bachman	
22b. ADDRESS Rich Hill, Mo		22c. DATE SIGNED March 14 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/17/59	23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery	23d. LOCATION (City, town, or county) (State) Rich Hill, Missouri
24. FUNERAL DIRECTOR Booth Funeral Serv-Rich Hill, Mo.		25. DATE RECD. BY LOCAL REG. Mar. 19. 1959	
26. REGISTRAR'S SIGNATURE Mrs. Edna G. Gougeon			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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
John L. Underwood

Licensed Embalmer No. 3585

P. O. Address
Butler, MD

* 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.