

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-000875

FILED VS FEB 1 1960

Registration District No. 100 Primary Registration District No. 18 Registrar's No. 7

STATE FILE NUMBER

| | | | | | | | |
|--|----------------------------------|---|--|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Dent County | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shannon | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem, Missouri | | | Length of stay in 1b 1 month | | c. CITY OR TOWN Birchtree | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Knox Nursing Home | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS rt 1 (If outside, give location) | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Clarence Middle Bachar Last Bachar | | | | 4. DATE OF DEATH Month January Day 22 Year 1960 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 69 | 9. AGE (last birthday) 69 | | IF UNDER 1 YEAR Months 69 Days 69 Hours 69 Min. 69 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | | 10b. KIND OF BUSINESS OR INDUSTRY general | | 11. BIRTHPLACE (City and state or country) Birchtree Mo | | 12. CITIZEN OF WHAT COUNTRY U S A | |
| 13a. FATHER'S NAME Phillip Bachar | | | 13b. MOTHER'S MAIDEN NAME Martha Montague | | | 14. NAME OF HUSBAND OR WIFE no available | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. x | | 17. INFORMANT Address Raymond Cobett Birchtree 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) Cerebral Vascular Accident. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardio-vascular defect. DUE TO (c) Arteriosclerosis - Ess. Hypertension | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 wch |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 7:00 a.m. AM Month, Day, Year Jan 13, 60 | | 20d. INJURY OCCURRED WHILE AT WORK <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 Birchtree Mo | |
| 21. I attended the deceased from Jan 13, 60 to Jan 21, 60 and last saw her alive on Jan 21, 1960 . Death occurred at 7:00 AM on the date stated above, and to the best of my knowledge, from the causes stated. | | | | 22a. SIGNATURE Joseph R. Bunn (Degree or title) | | | |
| 22b. ADDRESS 415 E. High Potosi Mo | | 22c. DATE SIGNED 1-23-60 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | | | |
| 23b. DATE 1-23-60 | | 23c. NAME OF CEMETERY OR CREMATORY Oak Grove | | 23d. LOCATION (City, town, or county) Birchtree Mo | | 23e. REGISTRAR'S SIGNATURE M. M. Hart, M. D. J. M. | |
| 24. FUNERAL DIRECTOR Spencer Funeral Home | | | | 25. DATE RECD. BY LOCAL REG. 1/22/60 | | | |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF:

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 2320

P. O. Address Staten Island

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.