SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-012631

STATE FILE NUMBER

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 471

FILED MAY 15 1961

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b Life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph's Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1807 South 11th — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First OPAL Middle FRANCES Last BACHMAN

4. DATE OF DEATH Month May Day 10, Year 1961

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 1-20-1901
9. AGE (last birthday) 60 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and state or country) St. Joseph, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Davis
13b. MOTHER'S MAIDEN NAME Sallie Driscoll
14. NAME OF HUSBAND OR WIFE August J. Bachman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT August W. Bachman Address St. Joseph, 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 metastases — INTERVAL BETWEEN ONSET AND DEATH 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ca of Tongue — 7 yrs
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 Jan 60, to 5-10-61 and last saw her alive on 5-10-61
Death occurred at 8:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Clement C. Du Mont, M.D.
22b. ADDRESS St Joseph Mo
22c. DATE SIGNED 5-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE May 13, 1961
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

24. FUNERAL DIRECTOR H.O. Siderfaden & Son RRH. ADDRESS St Joseph, Mo
25. DATE RECD. BY LOCAL REG. May 11, 1961
26. REGISTRAR'S SIGNATURE Mrs. Clarke Goodell

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF CERTIFICATION

CL. DuMont, M.D.

MAY 26 1961

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 Robert L. Hassebroek, Student Embalmer No. 617 working under my personal supervision.

Student _____ Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.