

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20933**
Registrar's No. **54**

FILED JUL 11 1951

BIRTH NO. _____ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **5918**

1. PLACE OF DEATH a. COUNTY Perry			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Perry		
b. CITY (If outside corporate limits, write RURAL and give town) Rural Salem		c. LENGTH OF STAY (In this place) life	c. CITY (If outside corporate limits, write RURAL and give township) Rural Salem		8770
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			d. STREET ADDRESS (If rural, give location) 3		

3. NAME OF DECEASED (Type or Print) Martha		a. (First)	b. (Middle)	c. (Last) Bachmann	4. DATE OF DEATH (Month) (Day) (Year) June 30 1951	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 2 1872	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Perry Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Michial Steffens		13b. MOTHER'S MAIDEN NAME Hedwig Katt		14. NAME OF HUSBAND OR WIFE			
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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'S SIGNATURE OR NAME ADDRESS Alfred Bachmann Menfro R 1 Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 2 years	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Rectum						
		ANTECEDENT CAUSES						
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS						
		Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION Nov 1949		19b. MAJOR FINDINGS OF OPERATION Cancer of Rectum				20. AUTOPSY? 154X YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Oct 22, 1949**, to **June 30, 1951**, that I last saw the deceased alive on **June 26, 1951**, and that death occurred at **11:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Theodore Fischer M.D.		(Degree or title)		23b. ADDRESS Altamburg Mo.		23c. DATE SIGNED 7-1-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 2 1951		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) Crosstown Mo.	
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DATE REC'D BY LOCAL REG. July 3-1951		REGISTRAR'S SIGNATURE Joe J. Zollner		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Young & Sons Perryville Mo.			
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(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

796
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APR 30 1952

APR 7 1952

RECEIVED

JUL 9 1951

DISTRICT HEALTH OFFICE No. 6

No.

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
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.