

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32129

State File No.

Phyllis M. Gibson
Phone 740
FILED SEP 29 1953

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 430

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>OKLA.</u> b. COUNTY <u>OTTAWA</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>JOPLIN</u>	c. LENGTH OF STAY (in this place) <u>24 DYS.</u>	c. CITY OR TOWN <u>MIAMA</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FREEMAN HOSP.</u>		e. STREET ADDRESS (If rural, give location) <u>MIAMI RD # 28</u>	

3. NAME OF DECEASED a. (First) <u>LOUIE</u> b. (Middle) <u>ELMER</u> c. (Last) <u>BACHMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEP 12 1953</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC 23 1885</u>	9. AGE (In years last birthday) <u>67</u>	10. UNDER 1 YEAR Months	10. UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURAL</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>PAWNEE CO., NEB</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOE BACHMAN</u>	13b. MOTHER'S MAIDEN NAME <u>EMMA TICHNER</u>	14. NAME OF HUSBAND OR WIFE <u>MRS BESS BACHMAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>44-01-1976</u>	17. INFORMANT'S SIGNATURE OR NAME <u>BESS BACHMAN</u>	ADDRESS <u>M.O.M.I. OK.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>about 12 hrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia</u>		DUE TO (b) <u>Carcinoma of the prostate with metastasis.</u>		Several yrs.
				over 1 month

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 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) m.	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 8-18 1952, to 9-12, 1953, that I last saw the deceased alive on 9-12, 1953, and that death occurred at 11:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. E. Detar, Jr., M.D.</u>	23b. ADDRESS <u>410 Jackson, Joplin, Mo.</u>	23c. DATE SIGNED <u>9-19-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>SEP 14 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>G.A.R. CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>MIAMA: OKLA.</u>
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DATE REC'D BY LOCAL REG. <u>9-22-53</u>	REGISTRAR'S SIGNATURE <u>by [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. T. CHELSON</u>	ADDRESS <u>F.H. COMMERCIAL</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

hde Low.

RECEIVED SEP 28 1953

Jasper County Health Office

County File Number 53-9-784

Date Filed SEP 28 1953

SEP 8 1958

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 *Robt. J. ...*
Licensed Embalmer No. 45

P. O. Address *Joplin*

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.