

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24049

State File No. \_\_\_\_\_

FILED AUG 9 - 1954

Registrar's No. 189

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 189	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Pottawattamie</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place) <u>2 1/2</u> days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Council Bluffs</u>		8140 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Employes Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>618 Damon Street</u>			
3. NAME OF DECEASED a. (First) <u>ROY</u>		b. (Middle) _____		c. (Last) <u>BACHMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 2, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4-28th-1884</u>		9. AGE (In years last birthday) <u>69</u>	10. UNDER 1 YEAR Months <u>3</u> Days <u>4</u>	11. OVER 1 YEAR Months _____ Days _____ Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Lamp Tender Railroad</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Green Castle, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo.</u>	
13a. FATHER'S NAME <u>David Bachman</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Tade</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Bachman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-05-7024</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Chas. Conner, Council Bluffs, Ia</u>			
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>Acute cardiac Failure (chronic)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary insufficiency</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 31, 1954</u> to <u>August 2, 1954</u> that I last saw the deceased alive on <u>August 2, 1954</u> , and that death occurred at <u>7:15 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>Dwight W. Anderson, M.D.</u>				23b. ADDRESS <u>415 Woodland Ave Moberly, Missouri</u>		23c. DATE SIGNED <u>8/2/54</u>	
24a. BURIAL CREMATION (Specify)		24b. DATE <u>8-2nd-1954</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Malvern, Iowa</u>	
DATE RECD BY LOCAL REG. <u>8/2/54</u>		REGISTRAR'S SIGNATURE <u>Paul Sullivan</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mahan and Son, Moberly, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moorestown, N.J.

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.