

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

140

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 5

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Boone</u>                                      |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Columbia</u> |  | c. CITY OR TOWN <u>Columbia</u>   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>16 days</u>                                 |  | STREET ADDRESS (If rural, give location) <u>114 Sexton Road</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>             |  |   |   |

|  |                          |                       |  |
|--|--------------------------|-----------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Phillip</u> | b. (Middle) <u>Henry</u> | c. (Last) <u>Bach</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Jan. 7, 1955</u> |
|--|--------------------------|-----------------------|--|

|                    |                               |   |                                       |   |   |   |
|--------------------|-------------------------------|---|---------------------------------------|---|---|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u> | 8. DATE OF BIRTH <u>Dec. 25, 1862</u> | 9. AGE (in years) (last birthday) <u>92</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|---------------------------------------|---|---|---|

|   |   |  |   |
|---|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Calloway County Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|---|---|--|---|

|  |  |   |
|--|--|---|
| 13a. FATHER'S NAME <u>Phillip Bach</u> | 13b. MOTHER'S MAIDEN NAME <u>Anna Margaret Thomass</u> | 14. NAME OF <del>HUSBAND</del> WIFE <u>Deceased Elle Mary Meadows</u> |
|--|--|---|

|   |                                      |  |               |
|---|--------------------------------------|--|---------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>-----</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Alvena Routh, Columbia, Mo.</u> | ADDRESS _____ |
|---|--------------------------------------|--|---------------|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>  |  | INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>coronary sclerosis</u> |  | <u>2 years</u>                                  |
|   | DUE TO (c) <u>essential hypertension</u>   |  | <u>? years</u>                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death: <u>Thrombosis claudication left leg</u>   |  |  | <u>5 days</u>                                   |

|                              |  |  |
|------------------------------|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 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) <u>332X</u> |
|--|--|---|

|  |  |                                  |
|--|--|----------------------------------|
| 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? _____ |
|--|--|----------------------------------|

22. I hereby certify that I attended the deceased from Dec, 1954, to Jan 7, 1955, that I last saw the deceased alive on Jan 7, 1955, and that death occurred at 3 P m., from the causes and on the date stated above.

|  |                                  |                                |
|--|----------------------------------|--------------------------------|
| 23a. SIGNATURE <u>Charles A. Leech</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Columbia, Mo</u> | 23c. DATE SIGNED <u>1-8-55</u> |
|--|----------------------------------|--------------------------------|

|   |                           |   |   |
|---|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1/9/1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u> | 24d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u> |
|---|---------------------------|---|---|

|   |   |  |               |
|---|---|--|---------------|
| DATE REC'D BY LOCAL REG. <u>Jan. 8 1955</u> | REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Memorial Funeral Home, Columbia, Mo.</u> | ADDRESS _____ |
|---|---|--|---------------|

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

MAY 9 1963

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, ~~by~~ ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed: *Lyman H. Spunkle*

Licensed Embalmer No. *4013*  
P. O. Address *Columbia*

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.