

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11479

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <b>Franklin,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Montgomery, 0700</b>	
b. CITY OR TOWN <b>Washington, Mo.</b>		c. CITY OR TOWN <b>Americus, Mo.</b>	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) <b>9 days</b>		No. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ida</b>	b. (Middle) <b>Matilda</b>	c. (Last) <b>Bahr,</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 22-1955</b>
-------------------------------------	-----------------------	----------------------------	------------------------	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec 31st 1969</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 10 MIN. Hours	Min.
----------------------	---------------------------	---	---------------------------------------	---	------------------------	----------------------	------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>xx</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Rhineland, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
---	---	--	--

13a. FATHER'S NAME <b>William Holtwick,</b>	13b. MOTHER'S MAIDEN NAME <b>Aloida Hewing,</b>	14. NAME OF HUSBAND OR WIFE <b>William Bahr,</b>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>xx</b>	16. SOCIAL SECURITY NO. <b>xx</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Alicia B. Snowden</b> ADDRESS <b>1799 1/2 St. Delaware N.M.</b>
---	-----------------------------------	--

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		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Artery Atherosclerosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Anteroseptal heart disease</b> DUE TO (c) <b>diuretic</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture left hip E9037 40</b>		<b>9 days</b>	

19a. DATE OF OPERATION <b>April 16, 1955</b>	19b. MAJOR FINDINGS OF OPERATION <b>Fracture, neck, left femur</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Van Buren Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Sullivan, Franklin, Mo</b>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>April 13, 1955 11:30 A.M.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Tripped and fell.</b>
--	---	---

22. I hereby certify that I attended the deceased from **4/13**, 19**55**, to **4/22**, 19**55**, that I last saw the deceased alive on **4/13**, 19**55**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. L. Mansfield, M.D.</b>	23b. ADDRESS <b>Washington, Mo.</b>	23c. DATE SIGNED <b>4/25/55</b>
---	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 24-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Best Bottom Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Near Rhineland, Mo.</b>
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>4/23/55</b>	REGISTRAR'S SIGNATURE <b>J. L. Mansfield</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter W. Baker</b> ADDRESS <b>Americus</b>
---	--	---

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

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 *D B Baker*.....

Licensed Embalmer No. 3375

P. O. Address Americus, M.....

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.