

FILED AUG 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25990

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No. <u>3270</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>				STREET ADDRESS (If rural, give location) <u>3139 Main</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frances</u>			b. (Middle) <u>E.</u>		c. (Last) <u>Bachman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 30 1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH _____		
9. AGE (In years last birthday) <u>41</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 Hrs. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mullingsburg Co., Ky.</u>		12. COUNTRY OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jesse Hill</u>			13b. MOTHER'S MAIDEN NAME _____			14. NAME OF HUSBAND OR WIFE <u>George 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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leola Moreland - 3139 Main - K.C. Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary atelectasis and congestion</u>					INTERVAL BETWEEN ONSET AND DEATH <u>9040</u> <u>ET 21</u>	
		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. <u>Senility</u> <u>Fracture of left hip</u>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Above address</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Kansas City, Jackson, Missouri</u> (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 30 1955</u> a. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall in home</u>				
22. I hereby certify that I attended the deceased from <u>July 27</u> , 19 <u>55</u> , to <u>July 30</u> , 19 <u>55</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>July 30</u> , 1955, and that death occurred at <u>6:15A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>B. I. Burns</u> (Degree or title) <u>M.D.</u>					23b. ADDRESS <u>24th & Cherry</u>		23c. DATE SIGNED <u>8-1-55</u>	
24a. FUNERAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/2/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brookings</u>		24d. LOCATION (City, town, or county) (State) <u>Keosauqua Mo</u>		
DATE REC'D BY LOCAL REG <u>8-1-55</u>		REGISTRAR'S SIGNATURE <u>Walter Marshall</u>		GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. L. Kelly - 24th & Cherry - K.C. Mo.</u>				

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 *Alvin Bortea*.....

Licensed Embalmer No. 49

P. O. Address K.C.V.

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.