

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41090**

FILED DEC 11 1957

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon		c. CITY OR TOWN Macon	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 Samaritan Hospital		STREET ADDRESS (If rural, give location) 219 Weller Street	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Dietrich	c. (Last) Bamman	4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1957
-------------------------------------	------------------------	-----------------------------	-------------------------	--

5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 5/19/1879	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 5 Days 25	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	-----------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical contactor	10b. KIND OF BUSINESS OR INDUSTRY electrical	11. BIRTHPLACE (City and State or Foreign Country) Shelby County, Missouri	12. CITIZEN OF WHAT COUNTRY? US.A
---	---	---	--

13a. FATHER'S NAME George F. Bamman	13b. MOTHER'S MAIDEN NAME Martha J. Dailey	14. NAME OF HUSBAND OR WIFE Lela McAnally
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Fred Vansickle, Macon, Mo.	ADDRESS
--	-------------------------------------	--	-----------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH See Notes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum		
	ANTECEDENT CAUSES Morbidity 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. 153X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Carcinoma Rectum - Colostomy performed	20. AUTOPSY? 2 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)	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 **Sept 1956**, to **Nov 14, 1957**, that I last saw the deceased alive on **Nov 14, 1957**, and that death occurred at **9:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Howard D. Miller MD (Degree or title)	23b. ADDRESS Macon	23c. DATE SIGNED 11/15/57
---	---------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/16/1957	24c. NAME OF CEMETERY OR CREMATORY Hillcrest Gardens	24d. LOCATION (City, town, or county) (State) Macon, Mo.
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. 12/6/57	REGISTRAR'S SIGNATURE Ruth McNeely	25. FUNERAL DIRECTOR'S SIGNATURE R. Lester Brain	ADDRESS Macon, Mo.
---	---	---	---------------------------

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

0611

12.5

County File No. 18-57-144
Date Filed 12.10.57

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 *Howard F Myers*

Licensed Embalmer No. *449*

P. O. Address *Macey*

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.