

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039715
STATE FILE NUMBER

FILED DEC 3 1958 Registration District No. 139 Primary Registration District No. 4225 Registrar's No. 82

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1-57

1. PLACE OF DEATH a. COUNTY HOLT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY HOLT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OREGON		c. CITY OR TOWN MOUND City ⁰⁴⁴⁰ Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL BROWNE NURSING Hm. INSTITUTE 33 mos.		d. STREET ADDRESS (If outside, give location) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First WILLIAM Middle EARL Last BAMMER			4. DATE OF DEATH NOV. 21, 1958 Month NOV. Day 21 Year 1958			
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG 4, 1885	9. AGE (In years ⁰⁴⁴⁰ and birthday) 73	F UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CUSTODIAN	10b. KIND OF BUSINESS OR INDUSTRY SCHOOL	11. BIRTH PLACE (City and state or country) KEARNEY, NEB.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME GEORGE BAMMER	13b. MOTHER'S MAIDEN NAME ELLA KENT	14. NAME OF HUSBAND OR WIFE MYRTLE BAMMER
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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. 499-38-3327	17. INFORMANT Address MRS MYRTLE BAMMER MOUND City, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal Obstruction		INTERVAL BETWEEN ONSET AND DEATH 1 day
DUE TO (b) Adhesive bands		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Aug 4, 1958 to Nov 21, 1958 and last saw her alive on Nov 21, 1958 Death occurred at 3:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE T. A. Sweeney (Degree or title) m.d.	22b. ADDRESS Oregon, Mo	22c. DATE SIGNED 11/22/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11/23/1958	23c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE	23d. LOCATION (City, town, or country) (State) MOUND City, Mo.
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24. FUNERAL DIRECTOR James H Crawford ADDRESS MOUND City, Mo	25. DATE RECD. BY LOCAL REG. 11/22/1958	26. REGISTRAR'S SIGNATURE James H Crawford
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(License Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *James H. Clausen*

Licensed Embalmer No. *4796*

P. O. Address *Mound City,*

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.