

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043488

STATE FILE NUMBER

FILED JAN 5 1959

Registration District No. 57

Primary Registration District No.

Registrar's No. 16

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Carroll			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Carroll		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Miami Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN "Rural"		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Carrollton R.F.D. 2		Length of stay in 1b Life	d. STREET ADDRESS (If outside, give location) Carrollton R.F.D. # 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Elmer Middle Ray Last Bahr			4. DATE OF DEATH Month Dec. Day 28 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 11, 1923	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Carroll County Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Louis Bahr		13b. MOTHER'S MAIDEN NAME Bernice Shepperd		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes 1946		16. SOCIAL SECURITY NO. 495-24-6146		17. INFORMANT Address Louis Bahr, Carrollton, Mo. R.F.D. #2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion					INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Obesity and rheumatic heart disease of twelve years standing 4201					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <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	
21. I attended the deceased from 12-28-58 , to 12-28-58 and last saw ^{him} her alive on 12-28-58 Death occurred at 4:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) George A. Kelling M.D.			22b. ADDRESS Waverly, Missouri		22c. DATE SIGNED 12-29-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 30, 1958	23c. NAME OF CEMETERY OR CREMATORY Evergreen Cem.		23d. LOCATION (City, town, or county) (State) DeWitt, Mo.
24. FUNERAL DIRECTOR Standley-Gibson, Carrollton, Mo.		25. DATE RECD. BY LOCAL REG. Dec 31-1958		26. REGISTRAR'S SIGNATURE Pearl Koch	

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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 James F. Gibson, Student Embalmer No. 572 working under my personal supervision.

Student James F. Gibson
Signature of Student Embalmer

Signed Ben W. Gibson

Licensed Embalmer No. 2961
P. O. Address Carrollton, Va

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.