

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018522  
STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. 247 Primary Registration District No. 5840 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Van Buren Twp</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Van Buren Twp</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> Length of stay in lb <u>Life</u>		d. STREET ADDRESS <u>R 7 D</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Emma Bachtold</u> First <u>Emma</u> Middle <u>Bachtold</u> Last <u></u>			4. DATE OF DEATH <u>5-27-59</u> Month <u>5</u> Day <u>27</u> Year <u>59</u>
5. SEX <u>fe</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6-5-1870</u>
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and state or country) <u>Eureka Ill' I A</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>M. Kempf</u>	
14. MOTHER'S MAIDEN NAME <u>Barbara Kempf</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Ernestine Bachtold</u> Address <u>Same</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Septicemic Terminal Pneumonia</u> DUE TO (b) <u>Thrombotic Encephalomalacia and Cerebral hemorrhage</u> DUE TO (c) <u>Advanced Atherosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Rheumatoid Arthritis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>13 days</u> <u>5 weeks</u>
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.)			
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></u>		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	
21. I attended the deceased from <u>2-2-59</u> to <u>5-27-59</u> and last saw her/him alive on <u>5-26-59</u> . Death occurred at <u>3:05p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>H. Nordstrom, MD</u>		22b. ADDRESS <u>Sarcoxie Mo.</u>	
22c. DATE SIGNED <u>5-28-59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>5-29-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sarcoxie Cem</u>	
23d. LOCATION (City, town, or county) (State) <u>Sarcoxie Mo</u>		24. FUNERAL DIRECTOR <u>Jackson &amp; Sons Sarcoxie Mo</u> ADDRESS <u></u>	
25. DATE RECD. BY LOCAL REG. <u>June 1, 1959</u>		26. REGISTRAR'S SIGNATURE <u>M. L. Young</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

hh, welfare, public service

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(Licensed Embalmer's Statement on Reverse Side)

Date Filed JUN 4 1959

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 *Wm H Jackson* .....

Licensed Embalmer No. 39

P. O. Address *Sarasota* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.