

FILED VS AUG 5 1959

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 5097 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. STATE Missouri c. COUNTY Bates					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shawnee Twp.		Length of stay in 1b 25 Yrs.		c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Shawnee Twp.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Mary Middle Matelda Last Bamford				4. DATE OF DEATH Month July Day 26 Year 1959					
5. SEX Female		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 Mar. 5, 1877		9. AGE (last birthday) 82	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwfe.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Clay County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
13a. FATHER'S NAME Charles Lewis Rexroad			13b. MOTHER'S MAIDEN NAME Martha Francis Lamb			14. NAME OF HUSBAND OR WIFE James Theodor Bamford			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Address J.T. Bamford, Adrian, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u>								<u>90 min</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.									
DUE TO (b) <u>Coronary atherosclerosis</u>								<u>2 1/2 yrs</u>	
DUE TO (c) <u>Arteriosclerotic Hypertension</u>								<u>17 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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 a.m. p.m.		Month, Day, Year							
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>Oct 15 1942</u> to <u>July 26 1959</u> and last saw her <u>alive</u> on <u>July 26 1959</u> Death occurred at <u>2:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>D.S. Colson Do</u>				22b. ADDRESS <u>Adrian Mo</u>				22c. DATE SIGNED <u>July 27 1959</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-28-59		23c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cem.		23d. LOCATION (City, town, or county) Adrian, Mo.			
24. FUNERAL DIRECTOR Six Funeral Service, Adrian, Mo.				25. DATE RECD. BY LOCAL REG. <u>7-27-59</u>		26. REGISTRAR'S SIGNATURE <u>Kendall Murray</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF *

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____ *[Signature]*

Licensed Embalmer No. 3650

P. O. Address Adrian, Mo.

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.