

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037496

FILED VS NOV 7 1960

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STATE FILE NUMBER

INDEXED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph	Length of stay in lb over 50 yrs	c. CITY OR TOWN St. Joseph	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hospital		d. STREET ADDRESS (If outside, give location) 1707 No. 2nd Street	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ELIZABETH Middle BACHMAN Last	4. DATE OF DEATH Month October Day 29 Year 1960
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8/10/1885	9. AGE (last birthday) 75 years	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY of the home	11. BIRTHPLACE (City and state or country) Amazonia, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Daniel Brunner	13b. MOTHER'S MAIDEN NAME Susanna Klopfenstein	14. NAME OF HUSBAND OR WIFE None
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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. None	17. INFORMANT John Brunner, St. Joseph, Missouri	Address R.R. #3
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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) Acute Renal Insufficiency		INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma Urinary bladder	
	DUE TO (c)	

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 type="checkbox"/> No <input type="checkbox"/> Unknown
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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 _____ 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 St. Joseph	COUNTY Missouri	STATE
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21. I attended the deceased from **26 July 60** to **29 Oct 60** and last saw her/him alive on **29 Oct 60**
Death occurred at **3:00 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J.M. Martin MD (Degree or title)	22b. ADDRESS 706 Francis St. Joseph, Mo	22c. DATE SIGNED 31 Oct 60
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23. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 31, 1960	23c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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24. FUNERAL DIRECTOR St. Joseph Funeral Home (GAS)	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Nov. 3, 1960	26. REGISTRAR'S SIGNATURE Mrs. Clark Gardell
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DOCUMENT

BY AFFIDAVIT OF J.M. Martin M.D. MEDICAL CERTIFICATION

DEC 14 1930

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

Charles E. Bennett

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.