

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045164

FILED VS DEC 19 1960 042

1000 Registrar's No. 1301

STATE FILE NUMBER

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

|   |  |   |   |   |   |  |   |  |
|---|--|---|---|---|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buehanan</b>  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> |   |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Joseph</b>  |  | Length of stay in lb<br><b>35 years</b>   |   | c. CITY OR TOWN <b>St. Joseph</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Mo. Methodist Hospital</b>  |  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><b>1307 Jules Street</b>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>JOSEPHINE MARIE BACH</b>   |  |   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>December, 11, 1960</b>   |   |  |   |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><b>1/18/1898</b>  | 9. AGE (last birthday) <b>62 years</b>                                      |  | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HR<br>Hours Min.                           |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>of the home</b>                   |   | 11. BIRTHPLACE (City and state or country)<br><b>Benkelman, Nebraska</b>    |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME<br><b>Grant Caster</b>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Myrtle Martin</b>                         |   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Ralph Bach</b>   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  |   | 16. SOCIAL SECURITY NO.<br><b>None</b>                                    |   | 17. INFORMANT<br><b>Ralph Bach, 1307 Jules Street, St. Joseph, Missouri</b> |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>obstructive pneumonia</b>  |  |   |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 wks</b>                                      |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>undet. cause</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)   |  |   |   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT SUICIDE HOMICIDE<br><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<br>Hour Month, Day, Year<br>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  |
| 21. I attended the deceased from <b>11-25-60</b> to <b>12-11-60</b> and last saw her/him alive on <b>12-10-60</b><br>Death occurred at <b>12:10 A.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |   |   |   |  |   |  |
| 22. SIGNATURE (Doctor or title)<br><b>Clement C. [Signature]</b>  |  |   |   | 22b. ADDRESS<br><b>St. Joseph, Mo</b>   |   |  | 22c. DATE SIGNED<br><b>12-12-60</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |  | 23b. DATE<br><b>12/13/1960</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Grandview Cemetery</b>           |   | 23d. LOCATION (City, town, or county)<br><b>Albany, Missouri</b>            |  |   |  |
| 24. FUNERAL DIRECTOR<br><b>Stammy Funeral Home (GAS)</b>  |  |   |   | ADDRESS<br><b>St. Joseph, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>Dec 14, 1960</b>  |   | 26. REGISTRAR'S SIGNATURE<br><b>Mrs. Clark Hardell</b> |

DOCUMENT

C.C. DaMont, M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

4110 111

**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 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.