

STANDARD CERTIFICATE OF DEATH

State File No.

227

FILED FEB 3 1953

BIRTH NO.		REG. DIST. NO. <u>34</u>		PRIMARY REG. DIST. NO. <u>5117</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Cedar</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cedar 8100</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McBaine R.F.D.</u>				d. STREET ADDRESS (If rural, give location) <u>McBaine R.F.D.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Betty</u>		b. (Middle) <u>Bacon</u>		c. (Last) <u>Bacon</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 28 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 1 1878</u>	
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years) IF UNDER 1 YEAR Month <u>9</u> Days <u>27</u> Hours <u></u> Min. <u></u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Tiltford</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Fred Groves McBaine</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured hip</u> DUE TO (c) <u>In bed just 10 years</u> 481X				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>10 yrs.</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 28, 1949</u> to <u>Jan 28, 1953</u> , that I last saw the deceased alive on <u>Jan 28, 1953</u> , and that death occurred at <u>10:20 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>F. C. Suggert M.D.</u>				(Degree or title) <u>Columbia</u>		23c. DATE SIGNED <u>1-30-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 30 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nashville Cemt.</u>		24d. LOCATION (City, town, or county) (State) <u>Boone County Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-30-53</u>		REGISTRAR'S SIGNATURE <u>Mrs Mildred Burnett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm E. Burnett</u>		ADDRESS <u>Oakland Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed *W^m L. Burnett* _____

Licensed Embalmer No. *3567* _____

P. O. Address *Ashland, 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 this body is not embalmed, fact should be so stated above.