FILED APR 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14030

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1822

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

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 68 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NEUROLOGICAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY 3508
d. STREET ADDRESS (If rural, give location): NEWBERN HOTEL 525 EAST ARMOUR BLVD.

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): OLIVER
c. (Last): BACON

4. DATE OF DEATH (Month) (Day) (Year): April 2nd 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5th April 1866
9. AGE (In years last birthday): 86 — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED 17 YEARS
10b. KIND OF BUSINESS OR INDUSTRY: GENERAL INSURANCE
11. BIRTHPLACE (City and State or Foreign Country): CLYDE, OHIO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WILLIAM D. BACON
13b. MOTHER'S MAIDEN NAME: MARY PERSHING
14. NAME OF HUSBAND OR WIFE: MRS. CORA HENRY BACON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. CORA HENRY BACON — ADDRESS: 525 E. ARMOUR KANSAS CITY MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ruptured appendix
DUE TO (c): 5501

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senile psychosis
Arteriosclerosis, general

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-29, 1952, *to* 4-2, 1953, *that I last saw the deceased alive on* 4-2, 1953, *and that death occurred at* 9:20 a m., *from the causes and on the date stated above.*

23a. SIGNATURE Paul Hines (Degree or title): Paul Hines M.D.
23b. ADDRESS: Kansas City, Mo. 2625 W. Paseo
23c. DATE SIGNED: 4-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: APR-4-1953
24c. NAME OF CEMETERY OR CREMATORY: BELLEFONTAINE CEMETERY
24d. LOCATION (City, town, or county) (State): ST. LOUIS MISSOURI

DATE REC'D BY LOCAL REG.: 4-4-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: D. H. Newcomer's Sons — ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

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 John B. Lewis

Licensed Embalmer No. 4875

P. O. Address KC MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.