

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2A45**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **300** PRIMARY REG. DIST. NO. **4449** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY <b>Reynolds</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Reynolds</b>	
b. CITY OR TOWN <b>Ellington</b>		c. CITY OR TOWN <b>Ellington</b>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>20 years</b>		STREET ADDRESS (If rural, give location) <b>24th</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home of Son - Bill Bacon</b>			

3. NAME OF DECEASED (Type or Print) <b>PHARAZ</b>	a. (First) <b>PHARAZ</b>	b. (Middle)	c. (Last) <b>BACON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 17 56</b>
--	--------------------------	-------------	------------------------	--

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>MAR 2 1871</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>15</b>	IF UNDER 24 HRS. Hours <b>15</b> Min.
-----------------	---------------------------	---	------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Elementary School Teacher</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Grade School</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MARINE ILL</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	---	--	---

13a. FATHER'S NAME <b>Asaph Bacon</b>	13b. MOTHER'S MAIDEN NAME <b>BROOKS</b>	14. NAME OF HUSBAND OR WIFE
---------------------------------------	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bill Bacon, Ellington, MO</b>	ADDRESS
--	-------------------------------------	--	---------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Degeneration</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>4222</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

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) (Min.)	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 **June 55**, 19\_\_\_\_, to **Jan 17**, 19**56**, that I last saw the deceased alive on **Jan 17**, 19**56**, and that death occurred at **12:01 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Kenneth T Carter M.D.</b>	23b. ADDRESS <b>Ellington MO</b>	23c. DATE SIGNED <b>Jan 18/56</b>
---	----------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-18-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Macedonia</b>	24d. LOCATION (City, town, or county) (State) <b>Grandin MO</b>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <b>Jan 18-56</b>	REGISTRAR'S SIGNATURE <b>Essie Evans</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas S. Curtis</b>	ADDRESS <b>Ellington, MO</b>
---	--	--	------------------------------

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

Received 1-23-56  
Reynolds County Health Center  
File No. 156 - 7

---

---

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.....  
Signature of Student Embalmer

Signed Charles S. Lewitt.....

Licensed Embalmer No. 4574.....

P. O. Address Ellington, Tenn......

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.