

FILED SEP 21 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29986

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 5139 Registrar's No. 469

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Butler</u>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>                        |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Coon Island</u>  |                                  | c. CITY OR TOWN <u>Neelyville Star Rt.</u>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Neelyville Star Rt.</u>   |                                  | d. STREET ADDRESS (If outside, give location)   |  |
| Length of stay in 1b <u>50 yr</u>  |                                  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>James</u> Middle <u>Baccus</u> Last <u>Baccus</u>  |                                  | 4. DATE OF DEATH<br>Month <u>Sept</u> Day <u>6</u> Year <u>1956</u>   |  |
| 5. SEX<br><u>male</u>  | 6. COLOR OR RACE<br><u>White</u> | 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><u>Feb. 26, 1888</u>             |
| 9. AGE (In years last birthday)<br><u>68</u>   |                                  | 10. IF UNDER 1 YEAR<br>Months <u>1</u>  | 11. IF UNDER 24 HRS.<br>Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>farm</u>  |  |
| 11. BIRTHPLACE (City and state or country)<br><u>unknown, Ill.</u>   |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |  |
| 13. FATHER'S NAME<br><u>William L. Baccus</u>  |                                  | 14. MOTHER'S MAIDEN NAME<br><u>Sarah Elizabeth Garrett</u>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>none</u>  |  |
| 17. INFORMANT<br><u>Ella Baccus</u>  |                                  | Address<br><u>Neelyville, Mo.</u>   |  |
| 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) <u>Cerebral Hemorrhage</u><br>DUE TO (b) <u>Hypertensive Cardiovascular Disease</u><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____ |                                  |   | INTERVAL BETWEEN ONSET AND DEATH                     |
| 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.)<br><u>443x</u>   |  |
| 20c. TIME OF INJURY<br>Hour _____<br>a. m. _____<br>p. m. _____  |                                  | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 20f. CITY, TOWN, OR LOCATION<br><u>Butler Co. Mo.</u>   |  |
| 21. I attended the deceased from <u>April 13, 1956</u> and last saw him alive on <u>9-5-56</u><br>Death occurred at <u>3:45 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |
| 22a. SIGNATURE (Degree or title)<br><u>J. L. Smith, D.O.</u>   |                                  | 22b. ADDRESS<br><u>Box 328, Neelyville, Mo.</u>   |  |
| 22c. DATE SIGNED<br><u>9-9-56</u>  |                                  |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                                  | 23b. DATE<br><u>Sept. 7/56</u>  |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br><u>Coon Island</u>   |                                  | 23d. LOCATION (City, town, or county) (State)<br><u>Butler Co. Mo.</u>  |  |
| 24. FUNERAL DIRECTOR<br><u>McCord Gish Naylor, Mo.</u>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>9/15/56</u>  |  |
| ADDRESS  |                                  | 26. REGISTRAR'S SIGNATURE<br><u>RH M... ..</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56

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RECEIVED  
SEP 18 1956

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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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 *Bryan MacCard* \_\_\_\_\_

Licensed Embalmer No. *407*

P. O. Address *Wayton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.