

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8172

STATE FILE NUMBER

FILED MAR 28 1957

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>					
b. CITY (If outside corporate limits, give TOWNSHIP also) OR TOWN <u>SULLIVAN</u> <u>03</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>SULLIVAN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>N. CHURCH ST.</u>			Length of stay in 1b <u>15 YRS.</u>		d. STREET ADDRESS (If outside, give location) <u>N. CHURCH ST.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>RILEY</u> Last <u>BACON</u>				4. DATE OF DEATH Month <u>MARCH</u> Day <u>16</u> Year <u>1957</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>OCT. 17, 1882</u>		9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR: Months <u>4</u> Days <u>29</u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>VARIED</u>		11. BIRTHPLACE (City and state or country) <u>SULLIVAN, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>JOHN F. BACON</u>				14. MOTHER'S MAIDEN NAME <u>NANCY MARTIN</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>BERTHA CAHILL ST. CLAIR, MO.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4200</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>		
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.)						
20c. TIME OF INJURY Hour <u></u> a. m. <u></u> p. m. <u></u>									
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 <u>1/12/57</u> to <u>3/16/57</u> and last saw <u>her</u> <u>him</u> alive on <u>3/11/57</u> Death occurred at <u></u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>John J. de la Serna</u>				22b. ADDRESS <u>Sullivan, Mo</u>			22c. DATE SIGNED <u>3/18/57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>MARCH 20, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>BUFFALO CEM.</u>		23d. LOCATION (City, town, or county) <u>SULLIVAN</u>		STATE <u>MO.</u>	
24. FUNERAL DIRECTOR <u>W. Eaton</u>			ADDRESS <u>Sullivan, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3/20/57</u>		26. REGISTRAR'S SIGNATURE <u>Thomas A. Jempsey</u>		

(Licensed Embalmer's Statement on Reverse Side)

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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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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 *J. A. Dempsey*

Licensed Embalmer No. *47*

P. O. Address *Shelburne*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.