

No. 300
10-48

FILED JUN 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22234

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (In this place) 4 days	c. CITY OR TOWN St. Charles
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) George W.		b. (Middle) _____	c. (Last) Bacon
4. DATE OF DEATH (Month) (Day) (Year) June 14, 1957		5. STREET ADDRESS (If rural, give location) 612 So. Main St.	

5. SEX <input type="radio"/> Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 3, 1893	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 2	IF UNDER 1 YEAR Days 11	IF UNDER 1 YEAR Hours _____	IF UNDER 1 YEAR Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Star Specialty Co.		11. BIRTHPLACE (City and State or Foreign Country) Black Walnut, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME George W. Bacon	13b. MOTHER'S MAIDEN NAME Lucy B. Jameson	14. NAME OF HUSBAND OR WIFE May I. Askins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. 428-18-9039	17. INFORMANT'S SIGNATURE OR NAME Mrs. George Bacon	ADDRESS 612 So. Main St.
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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		INTERVAL BETWEEN ONSET AND DEATH Colic 7-8 YRS 5-6 YRS 8 YRS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Small Intestinal Obstruction c. Gangrene of Small Intestine Adhesions of Abdominal Cavity		
	PRECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Disease Diabetes Mellitus			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 5705	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____	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 10, 1957, to June 14, 1957, that I last saw the deceased alive on June 14, 1957, and that death occurred at 3:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE Paul H. Locker (Degree or title) MD	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED 6/16/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jun. 18, 1957	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St. Charles County, Mo.
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DATE REC'D BY LOCAL REG. June 17-57	REGISTRAR'S SIGNATURE Maxella Wilson	25. FUNERAL DIRECTOR'S SIGNATURE W. C. Dalmeyer	ADDRESS St. Charles, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

923

540

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 *Frank R. Amalan*.....

Licensed Embalmer No. *48*.....

P. O. Address *St. Cha*.....

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.