

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016242

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 1064

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Manchester, Mo.		c. CITY OR TOWN Webster Groves	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Manchester N. H.		d. STREET ADDRESS (If outside, give location) 768 E. Big Bend	

3. NAME OF DECEASED (Type or print) First Middle Last FANNY HUNT BACON			4. DATE OF DEATH Month Day Year Apr. 18, 1959		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 3, 1871	9. AGE (In years) 87	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) Tuscaloosa, Ala.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Henry Hunt	13b. MOTHER'S MAIDEN NAME Inez Rodes	14. NAME OF HUSBAND OR WIFE C. Emerson Bacon
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. May Killian, 768 E. Big Bend	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral arteriosclerosis with chronic brain syndrome and arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 10 years 10 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of neck of right femur (8 days)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) Fracture of neck of right femur in fall at Manchester Nursing Home.
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. April 10, 1959	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.) Manchester Nursing Home	20f. CITY, TOWN, OR LOCATION Manchester, Mo.	COUNTY 400	STATE
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21. I attended the deceased from Mar. 1931 to April 18, 1959 last saw her alive on April 18, 1959 Death occurred at 3:50 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>H. A. ... M.D.</i> (Degree or title)	22b. ADDRESS 19 E. Lockwood Ave., Webster Groves 19, Mo.	22c. DATE SIGNED 4-20-59 59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-20-59	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.	23d. LOCATION (City, town, or county) (State) Kirkwood, Mo.
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24. FUNERAL DIRECTOR Parker-Aldrich, Webster Groves	25. DATE RECD. BY LOCAL REG. 4-20-59	26. REGISTRAR'S SIGNATURE <i>John C. Murphy, MD</i>
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All diseases in Part I must be causally related to the death. If possible, use only black ink or ribbon.

MEDICAL CERTIFICATION

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AFFIDAVIT OF PHYSICIAN
4-11-59

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 *Leslie Welch*

Licensed Embalmer No. *4395*
P. O. Address *Walter Brown*

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.