

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010109

FILED VS MAR 22 1960

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Registration District No. _____ Primary Registration District No. _____ Registrar's No. 139

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neely Township		Length of stay in 1b 5 years;		c. CITY OR TOWN Neely Township		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10 Mile S. of Poplar Bluff			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 10 Mile S. of Poplar Bluff		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Dovie Middle Bacon Last Bacon				4. DATE OF DEATH Month Feb. Day 22-60 Year 60			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-10-1895	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months 11 Days 11 Hours 11 Min. 11	IF UNDER 24 HR Hours 11 Min. 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEwife		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) VanBuren, Ark.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Satterfield			13b. MOTHER'S MAIDEN NAME Nancy Passmore		14. NAME OF HUSBAND OR WIFE J.W. Bacon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Pearl McClanahan - Neelyville, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis						INTERVAL BETWEEN ONSET AND DEATH Minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease						3 years	
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Viral Influenza					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) Influenza					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
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 August 17, 1959 to Feb. 22, 1960 and last saw her mm alive on Feb. 16, 1960 Death occurred at 9:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) J.L. Smith, D.O.				22b. ADDRESS Naylor, Mo.		22c. DATE SIGNED 3-4-60	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 2-25-60	23c. NAME OF CEMETERY OR CREMATORY Brown Chapel		23d. LOCATION (City, town, or county) (State) Butler County Mo.		
24. FUNERAL DIRECTOR White's Funeral Home - Fisk, Mo.		ADDRESS		DATE RECD. BY LOCAL REG. 3-4-60		24. REGISTRAR'S SIGNATURE [Signature]	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond L. Duffie

Licensed Embalmer No. 4798

P. O. Address Berme;

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.