

FILED AUG 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27632

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5947 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural</u>	c. LENGTH OF STAY (In this place) <u>7</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> <u>16</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 1/2 Mi. N.E. Of St. James Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Linn, Mo., Rfd</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>RUSSELL</u> c. (Last) <u>BACON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 9th, 1949</u>
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5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 28, 1912</u>	9. AGE (In years last birthday) <u>36</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>11</u> IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Clay miner</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Kinn, Mo., RFD</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Allen M. Bacon</u>	13b. MOTHER'S MAIDEN NAME <u>Viola Branson</u>	14. NAME OF HUSBAND OR WIFE <u>Stella L. Schultz</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>488 32 4597</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Stella L. Schultz, Linn, Mo.</u> ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Instant.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concussion..Complete collapse of nervous system.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple avulsions of lower limbs and body.</u> DUE TO (c) <u>Dynamite explosion.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>89100</u>	

19a. DATE OF OPERATION <u>XX</u>	19b. MAJOR FINDINGS OF OPERATION <u>XX</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Clay Mine</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4 1/2 Mi. N.E. St. James Phelps Mo.,</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>August 9, 1949 11:02AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Explosion of dynamite while working in Clay mine.</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased die on Aug. 9, 19 49 and that death occurred at 11:02AM m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Coroner, Phelps Co.,</u>	23b. ADDRESS <u>508 West 8th St., Boile, Missouri</u>	23c. DATE SIGNED <u>8/10/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 11, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Koenig</u>	24d. LOCATION (City, town, or county) (State) <u>Koenig, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-17-49</u>	REGISTRAR'S SIGNATURE <u>Cora E. Birmingham</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Norton</u> ADDRESS <u>Linn, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED
Philps County Health Officer,
County File Number
Date Filed AUG 19 1949

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 _____
Student Embalmer

Signed Vernon M. Norton

Licensed Embalmer No. 4125

P. O. Address Lincoln, 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 this body is not embalmed, fact should be so stated above.