

FILED MAY 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44024

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>301</u>		PRIMARY REG. DIST. NO. <u>6044</u>		Registrar's No. <u>135</u>	
1. PLACE OF DEATH a. COUNTY <u>Ripley</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Pine Grove</u> c. LENGTH OF STAY (In this place) <u>1 day</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. north of pine</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leona</u> <u>1030</u> d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>TONY</u> b. (Middle) _____ c. (Last) <u>BACON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-6-1949</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>10-28-1883</u>		9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR Months <u>1</u> Days <u>8</u>	
11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John R. Bacon</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH HADEN</u>	
14. NAME OF HUSBAND OR WIFE <u>LOUISE BACON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LOUIE Seelert</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Jury returned a verdict</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Death due to gunshot wound</u> DUE TO (c) <u>by party, or parties unknown to the jury.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>89368</u> <u>117</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>hunting woods</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>In Wood near Pine Ripley Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec-6 1949 4:30</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>shot gun shot</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>St. John's</u> (Degree or title) <u>Coroner</u>	
23b. ADDRESS <u>Doniphan, Missouri</u>		23c. DATE SIGNED <u>12-21-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-7-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Childs Funeral Home</u>		24d. LOCATION (City, town, or county) (State) <u>Bloomfield Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl B. Bird</u>		25. ADDRESS <u>Doniphan, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DECEASED

### 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.

Signed \_\_\_\_\_

*Carl B. Bird*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *4306*

P. O. Address *Deniaphan, 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.