

FILED OCT 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. 29947

BIRTH NO. _____		REG. DIST. NO. <u>117</u>		PRIMARY REG. DIST. NO. <u>5436</u>		Registrar's No. <u>7</u>			
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boulware Twp.</u>		c. LENGTH OF STAY (in this place) <u>9 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boulware Twp.</u>		0370			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>near Bay, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>near Bay, Mo.</u>					
3. NAME OF DECEASED a. (First) (Type or Print) <u>George</u>		b. (Middle) <u>Washington</u>		c. (Last) <u>Bacon</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 4 1950</u>			
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>June 29 1890</u>			
9. AGE (In years last birthday) <u>60</u>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		11. BIRTHPLACE (State or foreign country) <u>New Florence, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>streetcar motorman</u>		11. BIRTHPLACE (State or foreign country) <u>New Florence, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Marion Frances Bacon</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Burley</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Byrd Bacon</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>493-10-9379</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary K. Bacon</u>		ADDRESS <u>Bay, Mo.</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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Insufficiency</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Pharyngitis</u>					
				DUE TO (c) <u>Myocardial Infarction</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial Infarction</u>								410X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
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) (m.)		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 <u>Sept 4, 1950</u> , to <u>Sept 4, 1950</u> , that I last saw the deceased alive on <u>Sept 4, 1950</u> , and that death occurred at <u>midnight</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Howard Horkman M.D.</u>				23b. ADDRESS <u>Herrmann MO</u>		23c. DATE SIGNED <u>9-6-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-7-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Boeuf Presbyterian</u>		24d. LOCATION (City, town, or county) (State) <u>Gerald, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9/6/50</u>		REGISTRAR'S SIGNATURE <u>Edmund Weller</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Michael H. H. Winter</u>		ADDRESS <u>OWENSVILLE</u>			

(Licensed Embalmer's Statement of Reverse Side)

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

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File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT - 3 1950

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed..... *Maupail H H Winte*

Licensed Embalmer No. *3838*

P. O. Address *OWENSVILLE 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.