

No. 300
10. 48
FILED FEB 12 1951THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3588

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62

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

BIRTH NO. _____ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 4212 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY OR TOWN <u>Rural Bacon Hospital</u>		c. CITY OR TOWN <u>Rural Westpeddell Twp</u>	
c. LENGTH OF STAY (in this place) <u>about 2 wks</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D#1 Schell City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		4. DATE OF DEATH (Month) (Day) (Year) <u>January 31, 1951</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>Elgin</u>	
c. (Last) <u>Bacon</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>Oct. 22, 1888</u>		9. AGE (in years last birthday) <u>62 yrs</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Clair Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William Perry Bacon</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Wasson</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lucia Rinker Schell City Mo R. 2</u>	
17. ADDRESS _____		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, asthma, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulation</u>		MEDICAL CERTIFICATION	
ANTECEDENT CAUSES DUE TO (b) <u>Hanging self</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
DUE TO (c) <u>suicide</u>		E 974X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>due to unbalanced mind</u>		19. DATE OF OPERATION _____	
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home of nephew</u>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Bacon (St. Clair) Vernon Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>1-31-51 ? m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Strangulation by Hanging self.</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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Walter D. Thierman, Coroner</u>		23b. ADDRESS <u>Nevada Missouri</u>	
23c. DATE SIGNED <u>2-2-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb. 2, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lefler Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Vernon Co. Mo</u>		DATE REC'D BY LOCAL REG. <u>Feb 2-1951</u>	
REGISTRAR'S SIGNATURE <u>Miss Sarah E Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis</u>	
ADDRESS _____		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED FEB 5 1951

Dist. File 251-306

Date Filed 2-6-51

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 Marion M. Lewis

Signed _____
Student Embalmer

Licensed Embalmer No. 3084

P. O. Address Schell City, 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.