

FILED MAR 10 1951

STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 605 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) St. Charles Twp		c. CITY (If outside corporate limits, write RURAL and give township) "Rural" St. Charles Twp	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. 1 Box 162		d. STREET ADDRESS (If rural, give location) R.R. 1, Box 162	
3. NAME OF DECEASED (Type or Print) Bascom		4. DATE OF DEATH (Month) (Day) (Year) March 4 1951	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct 24 1879	
9. AGE (In years last birthday) 71		10. BIRTHPLACE (State or foreign country) Hamburg, Missouri	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm laborer		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Bacon		13b. MOTHER'S MAIDEN NAME Mary E. Callison	
14. NAME OF DECEASED'S WIFE Sarah (Tayon) Bacon		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No NIL	
16. SOCIAL SECURITY 500-28-8751		17. INFORMANT'S SIGNATURE OR NAME Mrs Sarah Bacon	
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) Valvular disease of heart mitral ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 2 yrs 410X		19. DATE OF OPERATION None	
20. MAJOR FINDINGS OF OPERATION		21. AUTOPSY? YES ☐ NO ☒	
22a. ACCIDENT SUICIDE HOMICIDE (Specify)		22b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
22c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		22d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
22e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22f. HOW DID INJURY OCCUR?	
23. I hereby certify that I attended the deceased from Feb 1950 , 19 Mar 4 , 19 1951 that I last saw the deceased alive on Feb 23 , 19 1951 , and that death occurred at 1:45 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. Lee Freeman M.D.		23b. ADDRESS 205 N. 6th St	
23c. DATE SIGNED Mar. 5 1951		23d. NAME OF CEMETERY St. Charles Borromeo	
23e. LOCATION (City, town, or county) (State) St. Charles Co., Mo.		23f. DATE REC'D BY LOCAL REG. March 5-51	
23g. REGISTRAR'S SIGNATURE Frank Hamilton		23h. FUNERAL DIRECTOR'S SIGNATURE H. C. Hallmeyer & Sons Co	
23i. ADDRESS 800 N. 2nd St. Charles, Mo.			

RECEIVED
MAR 9 1951
DISTRICT HEALTH OFFICE No. 4
File No. _____

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 Herbert C. Gallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.