

S. No. 300 FILED FEB 11 1952
V. 10-48

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 2038

BIRTH NO. _____		REG. DIST. NO. 211		PRIMARY REG. DIST. NO. 4324		Registrar's No. 3-52	
1. PLACE OF DEATH a. COUNTY MILLER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tuscombria		c. LENGTH OF STAY (in this place) 14 da.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldon		0661	
d. FULL NAME OF HOSPITAL OR INSTITUTION Humphrey Hospital				d. STREET ADDRESS (If rural, give location) 908 S. Grand			
3. NAME OF DECEASED (Type or Print) a. (First) Lula b. (Middle) E. c. (Last) Bacon				4. DATE OF DEATH (Month) (Day) (Year) Feb. 4. 1952			
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 21, 1879	
9. AGE (In years last birthday) 72		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME H. G. Wilson			
13b. MOTHER'S MAIDEN NAME Louisa Routon				14. NAME OF HUSBAND OR WIFE ALLEN Bacon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mattie Coppens Tulsa, Okla.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Anaplexy 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.					
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION NONE				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) -		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE		21d. HOW DID INJURY OCCUR? NONE	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22. I hereby certify that I attended the deceased from July 24, 1951, to Feb 6, 1952, that I last saw the deceased alive on Feb 5, 1952, and that death occurred at 6:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE M. E. Humphreys (Degree or title) D.O.				23b. ADDRESS Tuscombria - Mo		23c. DATE SIGNED 5 Feb 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/6/52		24c. NAME OF CEMETERY OR CREMATORY Eldon Cem.		24d. LOCATION (City, town, or county) (State) Eldon Mo.	
DATE REC'D BY LOCAL REG. Feb. 6 - 1952		REGISTRAR'S SIGNATURE Mrs. Richard L. Wright		25. FUNERAL DIRECTOR'S SIGNATURE Keith M. Rags		ADDRESS Eldon Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Keith McKays
Licensed Embalmer No. *3998*

P. O. Address *Eldon 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.