

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

12483

State File No.

BIRTH NO.		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>3018</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>		c. LENGTH OF STAY (in this place) <u>5 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>		<u>0331</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XXX</u>				d. STREET ADDRESS (If rural, give location) <u>Hickory St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u>		b. (Middle) <u>Olive</u>		c. (Last) <u>Bacon</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 15/52</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never widowed</u>		8. DATE OF BIRTH <u>Nov 16 1888</u>	
9. AGE (In years last birthday) <u>73</u>		10. UNDER 1 YEAR Months Days		11. UNDER 1 YEAR Hours Min.		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Dent Co Mo</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>A.D. Hoodenpyle</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Gibbons</u>		14. NAME OF HUSBAND OR WIFE <u>George H Bacon</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leona Jadwin Salem 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>bronchogenic carcinoma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2-3(?) yrs.</u>	
		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		19b. MAJOR FINDINGS OF OPERATION <u>162X</u>				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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-18</u> , 19 <u>52</u> , to <u>4-15</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4-15</u> , 19 <u>52</u> , and that death occurred at <u>4:00 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. D. Luc. Ford</u> (Degree or title) <u>DO.</u>				23b. ADDRESS <u>Salem, Mo.</u>		23c. DATE SIGNED <u>4-17-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Kindred Burial</u>		24b. DATE <u>4/17/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kindred</u>		24d. LOCATION (City, town, or county) (State) <u>Cuba Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-19-52</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Jones</u>		ADDRESS <u>Salem Mo</u>	

(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 _____

Licensed Embalmer No. 2920

P. O. Address Salina 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.