

5. No. 3001
v. 10.48

MAY 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15281

BIRTH NO. REG. DIST. No. 333 PRIMARY REG. DIST. No. 8074 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Scott 1003	
b. CITY OR TOWN Sikeston	c. LENGTH OF STAY (in this place) -----	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home Matthews care		d. STREET ADDRESS (If rural, give location) Matthews Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) Berdetta	b. (Middle) -----	c. (Last) Bacon	4. DATE OF DEATH (Month) (Day) (Year) April 24, 1952
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Fredrictown Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Ira C. Chaney	13b. MOTHER'S MAIDEN NAME Ethil Dingman	14. NAME OF HUSBAND OR WIFE James C. Bacon
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME James C. Bacon	ADDRESS Sikeston
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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, ashenia, 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) apoplexy		
	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 334X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 4-24, 1952, to 4-24, 1952, that I last saw the deceased alive on 4-24, 1952, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. Kienstedt MD	(Degree or title)	23b. ADDRESS Sikeston Mo	23c. DATE SIGNED 4-28-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/28/52	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Sikeston Mo
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DATE REC'D BY LOCAL REG. 5-3-52	REGISTRAR'S SIGNATURE Mrs. Ella Hunter	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Oville Taylor
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 5 1952
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 552-136

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 A. E. McMath
Licensed Embalmer No. 4685

P. O. Address Franklin, 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.