

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15096

State File No.

FILED APR 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>248</u>		PRIMARY REG. DIST. NO. <u>5843</u>		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 5-mile</u>		c. LENGTH OF STAY (In this place) <u>5-mile</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 5-mile 0730</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt#2 Seneca</u>				d. STREET ADDRESS (If rural, give location) <u>Rt#2 Seneca 0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) <u>H.</u>		c. (Last) <u>Bacon</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-18-1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>5-11-1867</u>		9. AGE (In years last birthday) <u>85</u> if UNDER 1 YEAR Months Days if UNDER 4 HRS. Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Driller</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>			11. BIRTHPLACE (State or foreign country) <u>Boliver, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Samuel Bacon</u>			13b. MOTHER'S MAIDEN NAME <u>Dont Know</u>			14. NAME OF HUSBAND OR WIFE <u>Elizabeth Deceased 12-22-52</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Irma Devine, Rt#2 Seneca, Missouri</u>				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary -</u> <u>Infermiities</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Apr 12 1953</u> , to <u>Apr 18 1953</u> that I last saw the deceased alive on <u>Apr 12 1953</u> and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>D. B. Swenler M.D.</u>				23b. ADDRESS <u>Seneca MO</u>		23c. DATE SIGNED <u>4/20/53</u>			
24a. Funeral Director's REMOVAL (Specify)		24b. DATE <u>4-21-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Galena Kansas</u>			
DATE REC'D BY LOCAL REG. <u>4-20-53</u>		REGISTRAR'S SIGNATURE <u>Gene Russell E. Biddlegones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dillon Mortuary, Inc</u> ADDRESS <u>Joplin, Mo</u>					

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

0730

486-0

(Licensed Embalmer's Statement on Reverse Side)

CEIVED

NEWTON COUNTY HEALTH UNIT

District File Number 453-95
Date Filed APR 27 1953

NEOSHO, MISSOURI

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 _____

William E. Huddleston

Signed
Student Embalmer

Licensed Embalmer No. 4770

P. O. Address Opium 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.