

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

9175

State File No. ....

FILED APR 1 1954 BIRTH NO. ... REG. DIST. NO. 152 PRIMARY REG. DIST. NO. 5583 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton 2060	
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN Rural Lincoln Twp.		c. LENGTH OF STAY (in this place) 54 yrs	c. CITY OR TOWN Golden City
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 10 mi. South Golden City	

3. NAME OF DECEASED (Type or Print) a. (First) WALTER	b. (Middle) EDGAR	c. (Last) BACON	4. DATE OF DEATH (Month) (Day) (Year) Mar. 24, 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 15, 1883
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	9. AGE (In years last birthday) 70
11. BIRTHPLACE (City and State or Foreign Country) Jonesboro, Tenn /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John Bacon	13b. MOTHER'S MAIDEN NAME Mary Ellen Sliger	14. NAME OF HUSBAND OR WIFE Amanda Elizabeth Bacon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Mrs. Amanda Bacon, Golden City, Mo.

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 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. arteriosclerosis diabetes 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.		260X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 (Month) (Day) (Year) (Hour) OF INJURY	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 March 1950, to 3-23, 1954, that I last saw the deceased alive on 3-23, 1954, and that death occurred at 12:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE Rudolph Kuapp, M.D.	(Degree or title)	23b. ADDRESS Golden City, Mo.	23c. DATE SIGNED 3/25/54
24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE Mar. 26, 1954	24c. NAME OF CEMETERY OR CREMATORY Dudenville Cemetery	24d. LOCATION (City, town, or county) (State) Dade County, Mo.

DATE REC'D BY LOCAL REG. 3-26-54	REGISTRAR'S SIGNATURE Lloyd B. ...	129-P	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Phillips Funeral Home, Golden City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

490

(Licensed Embalmer's Signature on Reverse Side)

RECEIVED MAR 31 1954  
Jasper County Health Office  
County File Number 54-3-260  
Date Filed MAR 31 1954

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.....  
Signature of Student Embalmer

Signed *H. B. Stough*.....

Licensed Embalmer No. 321

P. O. Address Golden

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.