

FILED JAN 4 1955

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

40512

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>5390</u>		Registrar's No. <u>87</u>	
1. PLACE OF DEATH a. COUNTY <u>dent</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural- Springcreek</u> c. LENGTH OF STAY (in this place) <u>-</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>dent</u> c. CITY OR TOWN <u>Max</u> 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) <u>Merramec typ</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Bacon</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>12-4-54</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb 2 1912</u>	
9. AGE (in years last birthday) <u>42</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Reynolds Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13a. FATHER'S NAME <u>J W Bacon</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie May Reator</u>		14. NAME OF HUSBAND OR WIFE <u>Rachel Land 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>Mrs Nellie M. Warden Doss 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basilar Skull Fracture and other internal injuries</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auto accident</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>X</u> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway accident</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>dent Salem dent Co Mo</u>		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>12-4-54 7:30</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto turned over</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:30 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph R. Dummer MD</u>				23b. ADDRESS <u>Salem, Missouri</u>		23c. DATE SIGNED <u>12/6/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-7-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stonehill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Stonehill Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-7-54</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. E. Johnson</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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 295

P. O. Address Salem, Va.

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.