

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42067**
Registrar's No. **10**

BIRTH NO.

REG. DIST. NO. **179**PRIMARY REG. DIST. NO. **5767**Registrar's No. **10**

1. PLACE OF DEATH

a. COUNTY **Lincoln**b. CITY (If outside corporate limits, write RURAL and give township) **Troy Mo**
OR
TOWN **2 weeks**d. FULL NAME OF HOSPITAL OR INSTITUTION **Lincoln County Memorial Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri** b. COUNTY **St. Louis**c. CITY (If outside corporate limits, write RURAL and give township) **Ferguson**
OR
TOWN **4129**d. STREET ADDRESS (If rural, give location) **435 Warfield**3. NAME OF DECEASED
(Type or Print)

a. (First)

Elzie

b. (Middle)

Dewey

c. (Last)

Bacon4. DATE OF DEATH (Month) (Day) (Year)
Dec. 8 1956

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

May 2, 1898

9. AGE (In years last birthday)

58

IF UNDER 1 YEAR

7

IF UNDER 1 YEAR

6

IF UNDER 1 YEAR

Hours**Mins.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Assembly line

10b. KIND OF BUSINESS OR INDUSTRY

Chevrolet Motor Co.

11. BIRTHPLACE (City and State or Foreign Country)

St. Charles Co. Mo.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Burnette Bacon

13b. MOTHER'S MAIDEN NAME

Ada Houchens

14. NAME OF HUSBAND OR WIFE

Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes W.W. #1

16. SOCIAL SECURITY NO.

489-09-1035

17. INFORMANT'S SIGNATURE OR NAME

435 Warfield Burnette Bacon Ferguson, Mo.

ADDRESS

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*

(a) **PORTAL THROMBOSIS**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Cirrhosis of Liver**

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

VARICOSITIES of Esophagus

INTERVAL BETWEEN ONSET AND DEATH

2 hours**1 yr**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

5810

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 **2-7-56**, **1956**, to **12-8**, **1956**, that I last saw the deceased alive on **12-8**, **1956**, and that death occurred at **3:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

W. E. Borgeesen DO

23b. ADDRESS

Wentzville, Mo.

23c. DATE SIGNED

12/10/56

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

Dec. 10, 1956

24c. NAME OF CEMETERY OR CREMATORY

Linn Cemetery

24d. LOCATION (City, town, or county) (State)

Wentzville, Mo.

DATE REC'D BY LOCAL REG.

12-15-56

REGISTRAR'S SIGNATURE

Emma B. Riddle

25. FUNERAL DIRECTOR'S SIGNATURE

Marie Muehary, Wentzville, Mo.

ADDRESS

(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.....

Howard O. Kessler

Licensed Embalmer No. *4631*

P. O. Address *Wentzville, 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.