

FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32465**

BIRTH NO. _____		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 3033		Registrar's No. 149	
1. PLACE OF DEATH a. COUNTY Laclede				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY MILLER			
b. CITY (If outside corporate limits, write RURAL and give town) LEBANON		c. LENGTH OF STAY (in this place) 5 YRS		c. CITY OR TOWN ELDON		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION KNOX-NURSING-Home				f. STREET ADDRESS (If rural, give location) 902-50-GRAND			
3. NAME OF DECEASED (Type or Print) a. (First) ALLEN		b. (Middle) FRANKLIN-		c. (Last) BACON		4. DATE OF DEATH (Month) (Day) (Year) Sept-9 1957	
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH JAN-1877	
9. AGE (In years last birthday) 80		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER-		10b. KIND OF BUSINESS OR INDUSTRY Rail-Road		11. BIRTHPLACE (City and State or Foreign Country) Miller-Co-Mo	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME Ludwell-Bacon		13b. MOTHER'S MAIDEN NAME MARIA-CHARK		14. NAME OF HUSBAND OR WIFE Lela-Wilson-Bacon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Alice-Bacon-Stadman		ADDRESS ELDON	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis				INTERVAL BETWEEN ONSET AND DEATH 3 yrs.			
ANTECEDENT CAUSES Morbidity 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. Pressure necrosis sacral region & lower extremities			
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION NONE		20. AUTOPSY? 2		YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE		21f. HOW DID INJURY OCCUR? NONE	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐					
22. I hereby certify that I attended the deceased from July , 19 57 , to Sept. 9 , 19 57 , that I last saw the deceased alive on 9-7- , 19 57 , and that death occurred at 2 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE B B Hurst, M.D.				23b. ADDRESS Lebanon, Mo.		23c. DATE SIGNED 9-9-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11 Sept-57		24c. NAME OF CEMETERY OR CREMATORY ELDON		24d. LOCATION (City, town, or county) (State) ELDON MO	
DATE REC'D BY LOCAL REG. 9-9-1957		REGISTRAR'S SIGNATURE Alfred L. May		25. FUNERAL DIRECTOR'S SIGNATURE Keith M. Hays		ADDRESS ELDON MO	

Received 9-16-57
Laclede County Health Unit
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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 Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon

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.