

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010379

STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Sedalia 08040		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1014 South Lamine		Length of stay in 1b 23 yrs.		d. STREET ADDRESS (If outside, give location) 1014 South Lamine		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ESTELLE BACON				4. DATE OF DEATH Month Day Year March 27, 1959			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 10, 1891	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Shannon County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Kinnard		13b. MOTHER'S MAIDEN NAME Martha Ann Sholar		14. NAME OF HUSBAND OR WIFE Ed Bacon, dec'd.			
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. not obtainable		17. INFORMANT Address Mrs. Frank Brown, Poplar Bluff, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ATELECTASIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CARDIAC ASTHMA DUE TO (c) CORONARY SCLEROSIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4301						INTERVAL BETWEEN ONSET AND DEATH 30 MIN. 6 YEARS 8 YEARS	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 12-28-45 to 3-27-59 and last saw her live on 3-27-59 Death occurred at 6:05 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. Maunders (Degree or title) DO 2		22b. ADDRESS Sedalia, Mo.		22c. DATE SIGNED 3/27/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/27/59		23c. NAME OF CEMETERY OR CREMATORY Poplar Bluff Cemetery		23d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri	
24. FUNERAL DIRECTOR James Cunningham		ADDRESS Sedalia, Mo.		25. DATE RECD. BY LOCAL REG. Mar 26 1959		26. REGISTRAR'S SIGNATURE Frances Shelby	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

APR 8 1958
APR 16 1958

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. 3847

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