

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010595  
STATE FILE NUMBER

FILED APR 6 1959

Registration District No. 308 Primary Registration District No. 6049 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Femme Osage (Twp.)</b>		c. CITY OR TOWN <b>Femme Osage (Twp.)</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Highway D.D.</b>		d. STREET ADDRESS (If outside, give location) <b>Highway D.D.</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in 1b <b>Lifetime</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Delia</b> Middle <b>Bacon</b> Last <b>Bacon</b>			4. DATE OF DEATH Month <b>March</b> Day <b>29</b> Year <b>1959</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 3, 1862</b>	9. AGE (In years at birthday) <b>95</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm Home</b>	11. BIRTHPLACE (City and state or country) <b>St. Charles Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Henry Johnson</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Vischens</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Harvey Bacon</b>	Address <b>Defiance, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Degeneration</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerosis</b>		<b>5 years.</b>
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4.2.2.1</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <b>6:30</b> Month, Day, Year <b>April 1, 1959</b> a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 <b>Wentzville</b>	COUNTY <b>Wentzville</b>	STATE <b>Mo.</b>
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21. I attended the deceased from Death occurred at <b>6:30 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	Dec. 1, 1949 to March 29, 1959 and last saw her alive on <b>March 28, 1959</b>
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22a. SIGNATURE <b>W. E. Bargesen</b> (Degree or title) <b>DO</b>	22b. ADDRESS <b>411 E. Highway 40; Wentzville, Mo.</b>	22c. DATE SIGNED <b>3-30-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>April 1, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Howell Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Weldon Spring, Mo.</b>
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24. FUNERAL DIRECTOR <b>Marie Muschany</b>	ADDRESS <b>Wentzville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>April 2, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Viola Fluemeyer</b>
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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 16 1959

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 *Howard O. Kissler*

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