

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018826

State File No.

FILED JUN 15 1959

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>6051</u>		Registrar's No. <u>137</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>COLORADO</u> b. COUNTY <u>9059</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. CHARLES RURAL</u>		c. LENGTH OF STAY (In this place) <u>18 MONTHS</u>		c. CITY OR TOWN <u>MANITOU SPRINGS</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EVANGELICAL ENHAUS HOME</u>				e. STREET ADDRESS (If rural, give location) <u>123 CRYSTAL PARK ROAD</u>			
3. NAME OF DECEASED a. (First) <u>ELIZABETH W.</u> (Type or Print)		b. (Middle) _____		c. (Last) <u>BACON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 5, 1959</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>AUG. 13, 1879</u>	
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TEACHER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>WEBSTER GROVES, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ALLEN H. BACON</u>		13b. MOTHER'S MAIDEN NAME <u>MARY BISSELL</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Theophil Storken, ST. CHARLES, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</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 yr</u> <u>20 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>4200</u>		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐					
22. I hereby certify that I attended the deceased from <u>Nov</u> , 1957, to <u>June</u> , 1959, that I last saw the deceased alive on <u>June 3</u> , 1959, and that death occurred at <u>2 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William Poggendorf MD</u>				23b. ADDRESS <u>St Charles Mo</u>		23c. DATE SIGNED <u>June 8, 1959</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/9/59</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontain</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JUNE 8-59</u>		REGISTRAR'S SIGNATURE <u>Marcella Wilson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur C Baue</u>		ADDRESS <u>St Charles 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. 315

P. O. Address, St. Charles

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.