

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 5 1960

=60-002557

Registration District No. 212 Primary Registration District No. 5780 Registrar's No. 20

STATE FILE NUMBER

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

3. NAME OF DECEASED (Type or print) First Middle Last MYRTLE EDITH BACON			4. DATE OF DEATH Month Day Year January 25 1960		
5. SEX Female	6. COLOR OR RACE Caucasian	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-25-98	9. AGE (last birthday) 61	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Variety Store	11. BIRTHPLACE (City and state or country) Olean, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	---	--	--

13a. FATHER'S NAME William R. Harris	13b. MOTHER'S MAIDEN NAME Nellie Harrison	14. NAME OF HUSBAND OR WIFE John E. Bacon
--	---	---

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. 495-30-4874	17. INFORMANT Ruby Jones	Address Eldon, 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) Generalized carcinomatosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Primary ca of cervix DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH about 2 yrs
--	--	--

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) no		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
--	--	---

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
---	---	--

20c. TIME OF INJURY: Hour a.m. p.m. 1:30 a.m.	Month, Day, Year July 1959
--	--------------------------------------

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) July 1959	20f. CITY, TOWN, OR LOCATION Eldon Mo	COUNTY Eldon	STATE Mo
---	--	---	------------------------	--------------------

21. I attended the deceased from July 1959 to Jan 25 1960 and last saw her alive on Dec 15 1959 Death occurred at 1:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. O. Shelton M.D. (Degree or title)	22b. ADDRESS Eldon Mo	22c. DATE SIGNED Jan 26 1960
---	---------------------------------	--

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-27-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant	23d. LOCATION (City, town, or county) Eldon, Missouri
--	-----------------------------	---	---

24. FUNERAL DIRECTOR Louis D. Phillips	ADDRESS Eldon Mo	25. DATE RECD. BY LOCAL REG. Jan 26, 1960	26. REGISTRAR'S SIGNATURE Walter
--	----------------------------	---	--

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Don E. Phillips, Student Embalmer No. 583
working under my personal supervision.

Student Don E. Phillips
Signature of Student Embalmer

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.