

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005693

LED VS FEB 24 1960

STATE FILE NUMBER

Registration District No. 99 Primary Registration District No. \_\_\_\_\_ Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Polk Township</u>		Length of stay in 1b <u>2 1/2 months</u>	c. CITY OR TOWN <u>King City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rural Polk Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>508 King St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Hazel</u> Middle <u>C.</u> Last <u>Bacon</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>11</u> Year <u>1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/17/88</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>	11. BIRTHPLACE (City and state or country) <u>Bethany, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>John Rupe</u>		13b. MOTHER'S MAIDEN NAME <u>Mary C. Collins</u>		14. NAME OF HUSBAND OR WIFE <u>Orza Bacon (Dec.)</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs. Norma Ebersold</u>	Address <u>Union Star Mo.</u>
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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) <u>Acute Congestial Heart Failure Decompensated</u>			INTERVAL BETWEEN ONSET AND DEATH <u>18 Hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>COB PULMONALE</u>	<u>4 Hrs</u>	
	DUE TO (c) <u>Chronic congestive Heart Failure 5 yrs of Rheumatic and Hepatic Cirrhosis origin 14 yrs</u>	<u>5 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Inanition.</u>			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. _____	Month, Day, Year	

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 <u>King City Mo</u>	COUNTY <u>Gentry</u> STATE <u>Mo</u>
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21. I attended the deceased from May 1959 to Feb 11, 1960 and last saw her alive on Feb 11, 1960  
Death occurred at 7:30 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u> (Degree of title)	22b. ADDRESS <u>King City Mo</u>	22c. DATE SIGNED <u>Feb 12/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Feb. 13, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Miriam Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Bethany, Missouri</u>
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24. FUNERAL DIRECTOR <u>Harold E. Keadel</u> ADDRESS <u>King City, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>2-17-60</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harold E. Keadel

Licensed Embalmer No. 4609

P. O. Address King City

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