

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-029203

FILED VS JUL 26 1960

Registration District No. **317** Primary Registration District No. **600** Registrar's No. **1980** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST LOUIS,			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COOL VALLEY		Length of stay in 1b 6 DAYS	c. CITY OR TOWN ST LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION HILL TOP NURSING HOME 1301 SO. FLOISSANT RD.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3833 LINCOLN AVE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First EVA Middle V. Last BACOTT			4. DATE OF DEATH Month JUNE Day 27 Year 1960			
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 6/24/1879	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) KANSAS CITY MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME GEORGE W. COOK		13b. MOTHER'S MAIDEN NAME LYDIE JARBOE		14. NAME OF HUSBAND OR WIFE MAURICE BACOTT		
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. # DONT KNOW	17. INFORMANT Address JOSEPH J. BACOTT 3833 LINCOLN AVE				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral arterial hemorrhage. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N. <input type="checkbox"/> Unknown					INTERVAL BETWEEN ONSET AND DEATH 5/9/60 many years	
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	COUNTY	STATE	
21. I attended the deceased from 5/9/60 9A to 6/27/60 and last saw her him alive on 6/25/60 . Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>[Signature]</i> (Degree or title) MD			22b. ADDRESS 7205 W. Floissant		22c. DATE SIGNED 6/27/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 6/30/60	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) ST LOUIS MISSOURI		(State)	
24. FUNERAL DIRECTOR STROOT - CARROLL		ADDRESS 4600 NATURAL BRIDGE	25. DATE RECD. BY LOCAL REG. 6-30-60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

7 Year - 5 1/2 months
Est 1-0700
Lues - 1st 3
to night 7 to 8

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed M W Rueter

Licensed Embalmer No. 4865

P. O. Address St Louis

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