

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016125

STATE FILE NUMBER

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 74

FILED MAY 15 1961

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

3. NAME OF DECEASED (Type or print) First EZRA Middle ---- Last BACON	4. DATE OF DEATH Month APRIL Day 25 Year 1961
---	---

5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-9-1882	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
--------------------	-------------------------------	---	----------------------------------	----------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer	10b. KIND OF BUSINESS OR INDUSTRY Crop & Stock	11. BIRTHPLACE (City and state or country) Leora, Missouri	12. CITIZEN OF WHAT COUNTRY USA
---	--	--	---

13a. FATHER'S NAME Wm. Bacon	13b. MOTHER'S MAIDEN NAME Mary Susan Hayden	14. NAME OF HUSBAND OR WIFE Zella Bacon
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no	17. INFORMANT Address Mrs. Zella Bacon, Bloomfield, Mo.
--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Myocardial infarction</i>		<i>3 weeks</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Marked hypertrophy of left ventricle</i>	<i>several years</i>
	DUE TO (c) <i>mild arteriosclerosis</i>	<i>2 years</i>
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 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____	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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
---	---	--	------------------------------	--------	-------

21. I attended the deceased from <u>4-6-61</u> to <u>4-25-61</u> and last saw her alive on <u>4-25-61</u> Death occurred at <u>10:05 P. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) <i>D. Comeau</i>	22b. ADDRESS <i>M. R. Dexter Mo</i>	22c. DATE SIGNED <i>5-2-61</i>
---	-------------------------------------	--------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE April 28, 61	23c. NAME OF CEMETERY OR CREMATORY Leora Cemetery	23d. LOCATION (City, town, or county) (State) Stoddard Co., Missouri
--	----------------------------------	---	--

24. FUNERAL DIRECTOR CHILES UND. CO., BLOOMFIELD, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 5-4-61	26. REGISTRAR'S SIGNATURE <i>Mrs. Ella Hunter</i>
---	---------	---	--

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF.

ITEM NO. SHOULD READ

MAY 17 1961

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 Lulu Cooper # 3499, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Juan E. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.