

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37318**
Registrar's No. **367**

FILED NOV 22 1944
Registration District No. **77**

Primary Registration District No. **308F**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fustat

(c) Name of hospital or institution State Hosp #1/2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one & 1/2
(Specify whether in this community for years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County cole ¹⁴

(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cora B. Bales Bales

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 17 1/2 years

7. Birth date of deceased one (Month) 28 (Day) 1887 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8
year 1944 hour 8 minutes 25 a.m.

21. I hereby certify that I attended the deceased from 8-6-1944 to 11-8-1944

that I last saw him alive on 11-2-1944

and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>14</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace mo (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation DTL

Immediate cause of death myocardial infarction

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

12. Name St. A. Reynolds

13. Birthplace DTL (City, town, or county) _____ (State or foreign country) _____

14. Maiden name in my husband's name

15. Birthplace DTL (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant Record

(b) Address _____

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 8, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Eldon Mo

18. (a) Signature of funeral director James Phillips

(b) Address Eldon Mo

19. (a) 11-8-1944 (Date received local registrar) (b) Jessie M. Moseley (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature K. E. Sherrill (M. D. or other) _____

Address London Mo

PHYSICIAN
Underline the cause to which death should be charged statistically.

NOV 29 1947

JAN 30 1951

RECEIVED

RECEIVED

District Health Officer No. 59

District File Number

Date Filed 11-28-47

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

Registered Apprentice No.

working under my personal supervision.

Signed Glen Y. Mauer

Licensed Embalmer No. 2725

P. O. Address Fulton, 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 this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. }
County of Cole } ss.

State File No. 37318
Local Registrar's No. 367

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 30th day of January, 1957, before me appears Roy W. Henley, who, upon his oath, states that the original record of ~~birth~~ death for Cora Bales died Nov. 8, 1944, in the State of Missouri; and which was filed at Jeff. city on Nov. 22, 1944, should be corrected as follows:

Item No. 3 should read Cora B. Bales

Instead of Cora Bowles

Item No. 10 should read Housewife

Instead of DK

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL) Roy W. Henley son in law
Affiant Relationship.

Greenberry Road - J. C. Mo.
Present Address.

Subscribed and sworn to before me this 30th day of January, 1957.

My Commission expires September 13, 1953 Betty Lou Chapman Notary Public.

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