

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16764

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4371 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elmo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elmo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Family home		d. STREET ADDRESS (If rural, give location) none	

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) IONA c. (Last) BAILEY			4. DATE OF DEATH (Month) (Day) (Year) 5 25 49		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 7/8/72		9. AGE (In years last birthday) 76		10. IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Elmo, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William H. Hall		13b. MOTHER'S MAIDEN NAME Martha Ann Nelson	
14. NAME OF HUSBAND OR WIFE Ervin A. Bailey, Dec.		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. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Earl Aldrich, Elmo, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asymptomatic Atrial Fibrillation		DUE TO (b) Hypertensive Heart Disease with Arteriosclerosis		DUE TO (c) Serility	
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 4, 1949, to May 25, 1949, that I last saw the deceased alive on May 25, 1949, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Deputy or title) Harvial Ford - N.O.I.		23b. ADDRESS Elmo - Mo		23c. DATE SIGNED May 8 - 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/28/49		24c. NAME OF CEMETERY OR CREMATORY Lamar	
24d. LOCATION (City, town, or county) (State) Elmo, Missouri		24e. DATE REC'D BY LOCAL REG. 6-2-49		24f. REGISTRAR'S SIGNATURE Bess Holt	

24g. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home		24h. ADDRESS Maryville, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville, 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.