

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17214
Registrar's No. 12

BIRTH NO. _____		REG. DIST. NO. <u>182</u>		PRIMARY REG. DIST. NO. <u>5686</u>		State File No. <u>17214</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>LINN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>LINN</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>LINNEKS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>NEW BOSTON 0580</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LINN Co. REST HOME</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>NORA MAY</u> b. (Middle) <u>BAILEY</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 13, 1951</u>						
5. SEX <u>F. M.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 3, 1884</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>10</u>	IF UNDER 12 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home keeping</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>Linn County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>ALFRED CORAM</u>		13b. MOTHER'S MAIDEN NAME <u>Dulcia Hill</u>		14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth Bailey Purdin Mo.</u> ADDRESS _____					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
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) _____			
		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 <u>head of arrival</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7:30 p.m.</u> , 19 <u>51</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Kathleen Rodman</u> (Degree or title) _____			23b. ADDRESS <u>2111 Main Brookfield Mo</u>			23c. DATE SIGNED <u>5/14/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 15, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Trine Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Union Mo</u>				
DATE REC'D BY LOCAL REG. <u>5/15/1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. Budie Kelley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carson Funeral Service</u> ADDRESS <u>Bucklin Mo.</u>					

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

Date Received: **MAY 21 1951**
DISTRICT HEALTH OFFICE #2
District File Number *5-57-94*
Date Filed: **MAY 22 1951**

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.....

C. A. Larson

Licensed Embalmer No. *4037*

P. O. Address *Bucklin, 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.