

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17037

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 4314 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <i>Macon 0610</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Macon 0610</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Atlanta</i> Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN <i>Atlanta</i> Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Died at Home</i> Length of stay in lb <i>15 yrs</i>				d. STREET ADDRESS (If outside, give location) Reside on Farm <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <i>Cora</i> Middle <i>May</i> Last <i>Bond</i>				4. DATE OF DEATH Month <i>May</i> Day <i>24</i> Year <i>1956</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 4, 1884</i>		9. AGE (In years last birthday) <i>82</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home maker</i>		11. BIRTHPLACE (City and state or country) <i>Clinton Local</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>George Jefferson Hadley</i>				14. MOTHER'S MAIDEN NAME <i>Arvilla Rhodes</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>				16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT Address <i>Mrs Harry Hadley Atlanta Mo</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congestive Heart Failure</i> DUE TO (b) <i>Left Heart failure -</i> DUE TO (c) <i>arteriosclerosis 4341</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>arteriosclerosis 4341</i>							INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
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 <i>7:30</i> Month <i>May</i> Day <i>24</i> Year <i>1956</i> a. m. <i>A.M.</i> p. m.							
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 <i>June 21, 1956</i> to <i>May 24, 1956</i> and last saw her alive on <i>May 23, 1956</i> Death occurred at <i>7:30 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>O. L. Moultrie MD</i>				22b. ADDRESS <i>Atlanta Mo</i>		22c. DATE SIGNED <i>5-26-56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>May 27, 1956</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Hopefield</i>		23d. LOCATION (City, town, or county) (State) <i>Near Atlanta MO</i>	
24. FUNERAL DIRECTOR <i>H M Goodking</i>				25. DATE RECD. BY LOCAL REG. <i>5/25/56</i>		26. REGISTRAR'S SIGNATURE <i>Ruth M. Greely</i>	

atlanta, mo (Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED 6-4-56
MACON COUNTY HEALTH DEPARTMENT
County File No. 6-56-87
Date Filed 6-6-56

STATEMENT BY LICENSED EMBALMER

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

Student
Signature of Student Embalmer

Signed *H. M. Godding*
Licensed Embalmer No. 127

P. O. Address *Atlanta*

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