

FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

2039

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Wayne	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton		c. CITY OR TOWN Lineville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Axtell Hospital		d. STREET ADDRESS (If outside, give location) Lineville	
Length of stay in hospital 1 Day		Reside on Farm ☐ No ☒	
3. NAME OF DECEASED (Type or print) James Lee Bay		4. DATE OF DEATH Jan. 4, 1957	
5. SEX Male	6. COLOR OR RACE Whit	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED	8. DATE OF BIRTH Apr. 26, 1884
9. AGE (In years last birthday) 72		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Agent		10b. KIND OF BUSINESS OR INDUSTRY Real Estate	
11. BIRTHPLACE (City and state or country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Elmer E. Bay		14. MOTHER'S MAIDEN NAME Malissa Lewis	
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. 482-07-3363	
17. INFORMANT Walter Bay		Address Lineville Iowa	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Atherosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Myocardial Insufficiency PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201			INTERVAL BETWEEN ONSET AND DEATH 3 mins. 2 days. 3 yrs
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		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 June 10-56 to Jan 4-57 and last saw him alive on Jan 3-1957 Death occurred at 4:00 A m on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE Geo. J. Harrison		22b. ADDRESS Murcin, Mo	
22c. DATE SIGNED Jan 14-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 6, 1957	
23c. NAME OF CEMETERY OR CREMATORY Evergreen		23d. LOCATION (City, town, or county) (State) Lineville Iowa	
24. FUNERAL DIRECTOR Ames L. Greenlee		25. DATE RECD. BY LOCAL REG. 1-14-57	
ADDRESS Lineville Iowa.		26. REGISTRAR'S SIGNATURE Shel Moss	

(Licensed Embalmer's Statement on Reverse Side)

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, ~~only~~....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 39

P. O. Address.....

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.