

FILED DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-016208

FILED VS APR 18 1960

STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. 4346 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Montgomery City Mo</b>	Length of stay in 1b <b>11 days</b>	c. CITY OR TOWN <b>New Florence, Mo</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Swearingen Nursing Home</b>		d. STREET ADDRESS (If outside give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Cora</b> Middle <b>Belle</b> Last <b>Bailey</b>			4. DATE OF DEATH Month <b>4</b> Day <b>12</b> Year <b>1960</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-27-1877</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>13</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or county) <b>Jonesburg Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>U S</b>	
13a. FATHER'S NAME <b>Joseph Snarr</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Albert Bailey</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mr Albert Bailey New Florence, Mo</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ACUTE MYOCARDIAL FAILURE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 hrs</b>
DUE TO (b) <b>ARTERIO-SCLEROTIC NEPHRITIS</b>		<b>6 yrs</b>
DUE TO (c) <b>HYPERTENSION</b>		<b>10 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m. Month, Day, Year _____	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 MAY-2-1949 to MARCH-12-1960 and last saw her <sup>him</sup> alive on MARCH-12-1960  
Death occurred at MONTGOMERY CITY MO on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
**James O. Helm M.D.**

22b. ADDRESS  
**New Florence Mo.**

22c. DATE SIGNED  
**4-13-60**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

23b. DATE  
**4-14-1960**

23c. NAME OF CEMETERY OR CREMATORY  
**Providence**

23d. LOCATION (City, town, or county) (State)  
**Bellflower Mo**

24. FUNERAL DIRECTOR  
**Baker Funeral Home New Florence, Mo**

25. DATE RECD. BY LOCAL REG.  
**4-13-1960**

26. REGISTRAR'S SIGNATURE  
**Laura S. Callaway**

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1967 APR 21 10 30 AM SA

AUG 23 1960

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*D. B. Baker*

Licensed Embalmer No. 3375

P. O. Address New Florence, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.