

# URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016429

FILED VS MAY 2 1960

290

Primary Registration District No. 4420

Registrar's No. 53

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Pulaski Co				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pulaski Co			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crocker, Missouri		Length of stay in 1b 41 yrs.		c. CITY OR TOWN Crocker, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) None.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last James Arthur Bays.				4. DATE OF DEATH Month Day Year April 20, 1960			
5. SEX Male	6. COLOR OR RACE White.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/13/1896	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer.		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Brumley, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Orville Bays.		13b. MOTHER'S MAIDEN NAME Lucy Jane Huddleston.		14. NAME OF HUSBAND OR WIFE Bertha Bays.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No		16. SOCIAL SECURITY NO. Unknown.		17. INFORMANT Address Mrs. Bertha Bays Crocker, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Heart Disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>None</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>i</u> DUE TO (c) <u>i</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>i</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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.) <u>i</u>					
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 <u>4-20-60</u> to <u>only</u> and last saw him alive on <u>4-20-60</u> Death occurred at <u>3:00</u> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>John R. Zibahovich D.O.</u>				22b. ADDRESS Crocker, Missouri		22c. DATE SIGNED 4/20/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/22/60	23c. NAME OF CEMETERY OR CREMATORY Seaton Cemetery		23d. LOCATION (City, town, or county) Dixon, Missouri		(State)	
24. FUNERAL DIRECTOR <u>Hedges Funeral Home Crocker, Mo</u>		25. DATE RECD. BY LOCAL REG. 4-22-60		26. REGISTRAR'S SIGNATURE <u>Eula Mae Anderson</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Signed Clarence Probst

Licensed Embalmer No. 4896

P. O. Address Waynesville, N.C.

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.