Registration District No	TMENT OF	PU	VISION OF HEALTH — STANDARD CERTIFICATE OF	JEAIR /	-62-UU6U31
PART	AMENDED	. 1		Registrar's No	
A COUNTY DEKAID b. COUNTY DEKAID b. COUNTY Mortisde corporate limits, give TOWNSHIP only) c. FULL MANGE OF IF NOT in hospital, give location) more of the county of th			FILED FFB 2 U 19bZ	2. USUAL RESIDENCE (Where dec	eased lived. If institution: Residence bef
NOSPITAL OR NOSPIT		1	- COUNTY	state b. CC	NIAITY
NOSPITAL OR NOSPIT	일				Inside Limit
NOSPITAL OR NOSPIT	¥		■		Yes □⊼ No
CORA ALTA MCCARTNEY DEATH Feb. 5 1962			c. FULL NAME OF (If NOT in hospital, give location) Inside Limits HOSPITAL OR	d. STREET (If ADDRESS	
CORA ALTA MCCARTNEY DEATH Feb. 5 1962	<u> </u>	11	Notificial Sunset Nursing Home		Yes No
Female White Io. USUAL OCCUPATION (Give kind of work done during most of synthing life, even if retired) 10. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (City and stee or country) 12. CITIZEN OF WHAT COUNTY II. BIRTHPLACE (City and stee or country) 12. CITIZEN OF WHAT COUNTY II. BIRTHPLACE (City and stee or country) 12. CITIZEN OF WHAT COUNTY III. BIRTHPLACE (City and stee or country) 12. CITIZEN OF WHAT COUNTY III. BIRTHPLACE (City and stee or country) 12. CITIZEN OF WHAT COUNTY III. BIRTHPLACE (City and stee or country) 12. CITIZEN OF WHAT COUNTY III. BIRTHPLACE (City and stee or country) 12. CITIZEN OF WHAT COUNTY III. BIRTHPLACE (City and stee or country) 12. CITIZEN OF WHAT COUNTY III. BIRTHPLACE (City and stee or country) 12. CITIZEN OF WHAT COUNTY III. BIRTHPLACE (City and stee or country) 12. CITIZEN OF WHAT COUNTY III. BIRTHPLACE (City and stee or country) 12. CITIZEN OF WHAT COUNTY III. BIRTHPLACE (City and stee or country) 12. CITIZEN OF WHAT COUNTY III. BIRTHPLACE (City and stee or country) 12. CITIZEN OF WHAT COUNTY III. BIRTHPLACE (City and stee or country) 12. CITIZEN OF WHAT COUNTY III. BIRTHPLACE (City and stee or country) 12. CITIZEN OF WHAT COUNTRIBUTION III. BIRTHPLACE (City and stee or country) 12. CITIZEN OF WHAT COUNTRIBUTION III. BIRTHPLACE (City and stee or country) 12. CITIZEN OF WIND III. BIRTHPLACE (City and stee or country) 12. CITIZEN OF WIND III. BIRTHPLACE (City and stee or country) 12. BIRTHPLACE (City and stee or country) 12. S. CITIZEN OF WIND III. BIRTHPLACE (City and stee or country) 12. BIRTHPLACE (City and stee or country) 12. S. CITIZEN III. BIRTHPLACE (City and stee or country) 12. S. CITIZEN OF WIND III. BIRTHPLACE (City and stee or country) 12. S. CITIZEN III. BIRTHPLACE (City and stee or country) 12. S. CITIZEN III. BIRTHPLACE (City and stee or country) 12. S. CITIZEN III. BIRTHPLACE (City and stee or country) 12. S. CITIZEN III. BIRTHPLACE (City and stee or country) 12. S. CITIZEN III. BIRTHPLACE (City and stee or country) 12. S. CITIZEN III. BIRTHPLACE (City and			J. NAME OF DECEASED FIRST	Ac	
Female				or Division Control	
duding ment of warking life, even if retired) HOLGEWITE 134. NAME Henry C. Bailey 155. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If, yes, give war or dates of tervice) NEW CONSTRUCTION (Yes, no, or unknown) (If, yes, give war or dates of tervice) NEW CONSTRUCTION (Yes, no, or unknown) (If, yes, give war or dates of tervice) NEW CONSTRUCTION (Yes, no, or unknown) (If, yes, give war or dates of tervice) NEW CONSTRUCTION (Yes, no, or unknown) (If, yes, give war or dates of tervice) NEW CONSTRUCTION (Yes, no, or unknown) (If, yes, give war or dates of tervice) NEW CONSTRUCTION (Yes, no, or unknown) (If, yes, give war or dates of tervice) NEW CONSTRUCTION (Yes, no, or unknown) (If, yes, give war or dates of tervice) NEW CONSTRUCTION (Yes, no, or unknown) (If, yes, give war or dates of tervice) NEW CONSTRUCTION (Yes, no, or unknown) (If, yes, give war or dates of tervice) NEW CONSTRUCTION (Yes, no, or unknown) (If, yes, give war or dates of tervice) NEW CONSTRUCTION (Yes, no, or dates of tervice) NEW CONSTRUCTION (Yes, no, or dates of tervice) NEW CONSTRUCTION (Yes) (20111120		
13s. FATHER'S NAME 13s. MOTHER'S MAIDEN NAME 14s. MANE OF PUSSAND OR WIFE 15s. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service) 16s. SOCIAL SECURITY NO. 17s. INFORMANT Address 15s. MAY DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service) 16s. SOCIAL SECURITY NO. 17s. INFORMANT Address 15s. MAY B Crystal Groom, Cameron 16s. 16s. Cause of Death Was Caused by: Interval of the control of the				, ,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If, yes, give war or dates of service) 16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If, yes, give war or dates of service) 19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If, yes, give war or dates of service) 19. WAS DECEASED EVER IN U.S. ARMED FORCES? 10. LANGE OF DEATH (Enter only one cause per line for (a), (b), and (c). 10. WAS DECEASED EVER IN U.S. ARMED FORCES? 10. LANGE OF DEATH (Enter only one cause per line for (a), (b), and (c). 10. WAS DECEASED EVER IN U.S. ARMED FORCES? 10. LANGE OF DEATH (Enter only one cause per line for (a), (b), and (c). 11. LANGE OF DEATH (Enter only one cause per line for (a), (b), and (c). 12. LANGE OF DEATH (Enter only one cause per line) 13. LANGE OF DEATH (Enter only one cause per line) 14. LANGE OF DEATH (Enter only one cause of service) 15. LANGE OF DEATH (Enter only one cause of service) 16. CAUSE OF DEATH (Enter only one cause of service) 16. CAUSE OF DEATH (Enter only one cause of service) 17. LANGE OF DEATH (Enter only one cause of service) 18. CAUSE OF DEATH (Enter only one cause of service) 19. WAS AUTOPSY 20. LINE OF Hour Month, Day, Year proposition of service of services of s				14. N	AME OF HUSBAND OR WIFE
(Yes, no, or unknown) (If yes, give war or dates of service) NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). IMMEDIATE CAUSE (a) LIMBEDIATE CAUSE (b) LIMBEDIATE CAUSE (a) DUE TO (c) PART II. OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there is pregnancy in last we disease condition given in PART I (a) To compare the under lying cause last. DUE TO (c) PART III. OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there is pregnancy in last we disease condition given in PART I (a) To compare the under lying cause last. To compare the under lying cause last. DUE TO (c) PART III. OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there is pregnancy in last we disease condition given in PART I (a) To compare the under lying cause last. To compar			Henry C.Bailey Emma VanCleve	· \ \ \ \ \ \	m.H.McCartney
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH WAS CAUSE DETERMINED BY: 18. CAUSE (a) 18. CAUSE OF DEATH WAS CAUSE DETERMINED BY: 18. CAUSE (a) 18. CAUSE (b) 18. CAUSE (c) 18. CAUSE (d) 18. C				7. INFORMANT	Address
18. CAUSE OF DEATH Kenter only one cause per line for (a), (b), and (c). PART I. DEATH MAS CAUSE BY: IMMEDIATE CAUSE (a) Which gave rise to above cause (a), ataling the underlying cause last. DUE TO (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last will will the will work will be a pregnancy in last will there are pregnancy in last will there are pregnancy in last will be will there are pregnancy in last will there				irs Crystal Groom,	Cameron Mo.
which gave rise to above cause (a), stating the under lying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal liner e pregnancy in last of disease condition given in PART I (a)	111	Ξ	1 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).		ONSET AND DEA
which gave rise to above cause (a), stating the under lying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal liner e pregnancy in last of disease condition given in PART I (a)	۱ ا	, WE	1 40, 49, 4	_ arlerios	clarghe
disease condition given in PART I (a) There a pregnancy in last 94	INSTEA		which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c)		
19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY occurred at NOT WHILE AT WORK Death occurred at no no the date stated above, and to the best of my knowledge, from the causes stated. 21. I attended the deceased from Death occurred at no no the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) 23a. BURIAY REMATION, 23b. DATE (Degree or title) 23a. BURIAY REMATION, Buriay (Specify) Feb. 7 1962 Amity 24. FUNERAL DIRECTOR MAYSVILLE MISSOURI 25. DATE RECO. BY LOCAL REG. 26. REGISTRANS SIGNATURE 26. REGISTRANS SIGNATURE 27. DATE RECO. BY LOCAL REG. 26. REGISTRANS SIGNATURE 28. DATE RECO. BY LOCAL REG. 26. REGISTRANS SIGNATURE			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I	but not related to the terminal	PART III. If deceased was female there a pregnancy in last 90
19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY occurred at NOT WHILE AT WORK Death occurred at no no the date stated above, and to the best of my knowledge, from the causes stated. 21. I attended the deceased from Death occurred at no no the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) 23a. BURIAY REMATION, 23b. DATE (Degree or title) 23a. BURIAY REMATION, Buriay (Specify) Feb. 7 1962 Amity 24. FUNERAL DIRECTOR MAYSVILLE MISSOURI 25. DATE RECO. BY LOCAL REG. 26. REGISTRANS SIGNATURE 26. REGISTRANS SIGNATURE 27. DATE RECO. BY LOCAL REG. 26. REGISTRANS SIGNATURE 28. DATE RECO. BY LOCAL REG. 26. REGISTRANS SIGNATURE		11	1 5		·
20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, fectory, street, office bidg., etc.) 21. 1 attended the deceased from Death occurred at			19. WAS AUTOPSY 200. ACCIDENT SUICIDE HOMICIDE 206. DESCRIBE HOW I	INJURY OCCURRED. (Enter nature o	<u> </u>
WHILE AT WORK farm, fectory, street, office bidg., etc.) 21. 1 attended the deceased from		1	ZOc. TIME OF Hou Month, Day, Year INJURY a.m. p.m.		
Death occurred at		. \	WHILE AT WORK farm, factory, street, office bldg., etc.)	CITY, TOWN, OR LOCATION	COUNTY STAT
Death occurred at	8111		2) Lattracted the decayed from Jan. 1950 to Feb	5 /962 last saw her a	live on Fell 5 1962
23a. BURIAY PREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURIAY PREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) Amity Missouri 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECO. BY LOCAL REG. 26. REGISTRARS SIGNATURE 21. LOCATION (City, town, or county) Amity Missouri 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECO. BY LOCAL REG. 26. REGISTRARS SIGNATURE 25. DATE RECO. BY LOCAL REG. 26. REGISTRARS SIGNATURE			27. I difference the discussed from		•
23a. BURIAY PREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURIAY PREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) Amity Missouri 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECO. BY LOCAL REG. 26. REGISTRARS SIGNATURE 21. LOCATION (City, town, or county) Amity Missouri 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECO. BY LOCAL REG. 26. REGISTRARS SIGNATURE 25. DATE RECO. BY LOCAL REG. 26. REGISTRARS SIGNATURE	<u>5</u>	P	200		22c. DATE SI
REMODIAL FEB. 7 1962 Amity Amity Wissouri 24. FUNERAL DIRECTOR ADDRESS Pilcher Funeral Home, Maysyille Missouri ADDRESS Amity Local Reg. 26. REGISTRAR'S SIGNATURE AMITY WISSOURI	\$	_ <u></u> _			
ADDRESS 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S SIGNATURE 27. FUNERAL DIRECTOR ADDRESS 28. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S SIGNATURE 27. LACAL REG. 28. DATE RECD. BY LOCAL REG. 29. DATE RECD. BY LOCAL REG. 20. REGISTRAN'S SIGNATURE 21. LACAL REG. 20. REGISTRAN'S SIGNATURE 21. LACAL REG. 22. DATE RECD. BY LOCAL REG. 23. DATE RECD. BY LOCAL REG. 24. FUNERAL DIRECTOR 25. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S SIGNATURE 27. DATE RECD. BY LOCAL REG. 28. DATE RECD. BY LOCAL REG. 29. DATE RECD. BY LOCAL REG. 20. DATE RECD. BY LOCAL REG. 21. DATE RECD. BY LOCAL REG. 22. DATE RECD. BY LOCAL REG. 23. DATE RECD. BY LOCAL REG. 24. DATE RECD. BY LOCAL REG. 25. DATE RECD. BY LOCAL REG. 26. DATE RECD. BY LOCAL REG. 26. DATE RECD. BY LOCAL REG. 27. DATE RECD. BY LOCAL REG. 27. DATE RECD. BY LOCAL REG. 28. DATE RECD. BY LOCAL REG. 28. DATE RECD. BY LOCAL REG. 29. DATE RECD. BY LOCAL REG. 29. DATE RECD. BY LOCAL REG. 29. DATE RECD. BY LOCAL REG. 20. DATE RECD. BY LOCAL REG.	o	FFIDA	REMODIAL (Specify) Feb. 7 1962 Amity	Amity	Missouri
	ITEM	-		14-1962 26. REGI	une a lavidso
(Licensed Embalmer's Statement on Reverse Side)	1 1 1	' '	(Licensed Embalmer's Statemen	nt on Reverse Side)	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name i	s recorded on the reverse side of this certificate was embalmed by me
or by	Student Embalmer No
working under my personal supervision.	Jan Land
Signature of Student Embalmer	Signed Filcher Licensed Embalmer No. 3960
	P. O. Address Maysville 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.