

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049327

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 171

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1/095  
2/1040

3

4 1

5 2

6

7 0

8 2

9442X

10

11

1273-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<b>FILED DEC 18 1962</b>	
1. PLACE OF DEATH	
a. COUNTY <b>Vernon</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada</b>	a. STATE <b>Missouri</b> b. COUNTY <b>Stone</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Nevada State Hospital</b>	c. CITY OR TOWN <b>Crane</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)	d. STREET ADDRESS (If outside, give location) <b>None</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
First <b>NORA</b>	4. DATE OF DEATH
Middle <b>BAILEY</b>	Month <b>Dec.</b>
Last <b>HUNTER</b>	Day <b>10</b>
Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-31-85</b>
9. AGE (last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days Hours Min.
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 <b>None</b>
11. BIRTHPLACE (City and state or country) <b>Greene County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Fischer Bailey</b>	13b. MOTHER'S MAIDEN NAME <b>Josephine Young</b>
14. NAME OF HUSBAND OR WIFE <b>Odes Hunter</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	17. INFORMANT <b>Records, Nevada Missouri State Hospital</b> Address
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>Cardio Vascular Renal Disease</b>	
DUE TO (b) <b>Arteriosclerosis</b>	
DUE TO (c)	
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 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.) <b>None</b>	
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 <b>Oct. 17, 1962</b> to <b>Dec. 10, 1962</b> and last saw him alive on <b>Dec. 10, 1962</b> Death occurred at <b>10:15 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Paul L. Barone M.D. Sup't.</b>	22b. ADDRESS <b>Nevada State Hospital Nevada, Missouri</b>
22c. DATE SIGNED <b>12-10-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>12-10-62</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Crane, Missouri</b>
24. FUNERAL DIRECTOR <b>Manlove Funeral Home, Crane, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>12-13-62</b>
26. REGISTRAR'S SIGNATURE <b>Denna S. Jerry</b>	

USE BLACK INK OR TYPEWRITER RIBBON

FORM 107 (12-15)

**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 *L. Douglas Ferry*

Licensed Embalmer No. 4960

P. O. Address Nevada, Missouri

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.