

FILED MAR 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8500
536

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Polk | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | c. LENGTH OF STAY (In this place) 2 mo. | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bona | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Elms Nursing Home 1300 E. Armour | | d. STREET ADDRESS (If rural, give location) | |

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|--|-------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Cora b. (Middle) _____ c. (Last) Hailey | | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1951 | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Sept. 6, 1871 | | 9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Self employed | 11. BIRTHPLACE (State or foreign country) Peoria, Ills. | | 12. CITIZEN OF WHAT COUNTRY? U.S. |

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|--|-------------------------------------|--|--|---|--|
| 13a. FATHER'S NAME unknown | | 13b. MOTHER'S MAIDEN NAME unknown | | 14. NAME OF HUSBAND OR WIFE Meredith Hailey (deceased) | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Ray Hailey Kansas City, Mo. | | | |

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|--|---|--|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) defect perititic (non-epidemic) ANTECEDENT CAUSES (b) Arteriosclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH 45 min |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|---|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ | | |

22. I hereby certify that I attended the deceased from **12-1-1950** to **2-4-1951**, that I last saw the deceased alive on **2-4-1951**, and that death occurred at **11:35 p.m.**, from the causes and on the date stated above.

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|--|-------------------------|---|--|--------------------------------|
| 23a. SIGNATURE H. R. Lyndon Jr. (Degree or title) | | 23b. ADDRESS 1057 E 7th, Ac. Mo | | 23c. DATE SIGNED 2-5-51 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | 24b. DATE 2/5/51 | 24c. NAME OF CEMETERY OR CREMATORY Bona Cemetery | 24d. LOCATION (City, town, or county) (State) Bona, Mo. | |

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|--|---|--|-----------------------------|
| DATE REC'D BY LOCAL REG. 2-5-51 | REGISTRAR'S SIGNATURE Seraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE Erwin & Blue | ADDRESS Bolivar, Mo. |
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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
Student Embalmer

Signed John M. Heiman.....

Licensed Embalmer No. 4704.....

P. O. Address Independence, 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 this body is not embalmed, fact should be so stated above.