

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

723A

FILED MAR 13 1957

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 4496 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Shelby				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbyville			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Shelbina		1030 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pleasant Hill			Length of stay in lb 25 Days	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Cora May Quigley				First Cora	Middle May	Last Quigley	
4. DATE OF DEATH March 1, 1957	Month March	Day 1	Year 1957	5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH May 5, 1870	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Shelby County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME John Wood			14. MOTHER'S MAIDEN NAME Sally Swearingen			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Clarence Renner, Shelbina, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septic congestive heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic congestive heart failure DUE TO (c) hypertension, arteriosclerosis (chronic) & coronary atherosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Fractured hip Dec 23 - 1956						INTERVAL BETWEEN ONSET AND DEATH 6 hours 3 years 1956 - 1957	
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 7:40 Month 1 Day 10 Year 1955 a. m. 40 p. m.	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 Jan 10 1955 to Mar 1, 1957 and last saw her alive on Mar 1, 1957 Death occurred at 7:40 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Madys Bowen DO?			22b. ADDRESS Shelbina Mo.		22c. DATE SIGNED Mar 4 1957		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/3/1957	23c. NAME OF CEMETERY OR CREMATORY Bacon Chapel Cemetery	23d. LOCATION (City, town, or county) (State) Shelby County, Mo.				
24. FUNERAL DIRECTOR Hayes Funeral Home, Shelbina, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 3-4-57	26. REGISTRAR'S SIGNATURE Ada Garrison			

Use only black ink or ribbon typewrite if possible.
 Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
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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.....
Signature of Student Embalmer

Signed *Paul E. Hayes*.....

Licensed Embalmer No. 44

P. O. Address Shelbina, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.