

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8252

1098

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> <u>UX</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>4</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>X</u>			
c. LENGTH OF STAY (In this place) <u>10 Days</u>				d. STREET ADDRESS (If rural, give location) <u>1911 Cypress</u> <u>J</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Northeast Restorium.</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Claude</u>		b. (Middle) <u>D.</u>		c. (Last) <u>Bailey</u>	
4. DATE OF DEATH		(Month) <u>Mar.</u>		(Day) <u>9,</u>		(Year) <u>1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>		8. DATE OF BIRTH <u>May 3rd, 1875</u>		9. AGE (In years last birthday) <u>73</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>U</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Ed Bailey</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Feaster</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie Bailey KCMO</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E.K. Bailey 1911 Cypress KCMo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Broncho pneumonia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility & arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>			
19a. DATE OF OPERATION <u>5-1</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>4221</u>		YES ☒ NO ☐	
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar. 9</u> , 19 <u>49</u> , to _____, 19____, that I last saw the deceased alive on <u>Mar. 9</u> , 19 <u>49</u> , and that death occurred at <u>3:35p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Francis L. Harmon</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>2717 Roches fer, K.C. Mo</u>		23c. DATE SIGNED <u>3-9-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 10, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shilo Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bentonville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-10-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Nelson K. Topley, dndep. mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student _____
Student Embalmer

Student Embalmer No. 230

Signed _____

Licensed Embalmer No. 4225

P. O. Address: Indep. 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.