

FILED AUG 24 1949

STANDARD CERTIFICATE OF DEATH

26305

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>49</u>		PRIMARY REG. DIST. NO. <u>5174</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>CAMDEN Adair Twp.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CAMDEN</u>			
b. CITY OR TOWN <u>EDWARDS (Rural)</u>		c. LENGTH OF STAY (In this place) <u>wife</u>		c. CITY OR TOWN <u>EDWARDS (Rural)</u>		d. STREET ADDRESS (If rural, give location) <u>Adair Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>IRA</u>			b. (Middle) <u>(NONE)</u>		c. (Last) <u>BAILEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 14 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 10, 1891</u>		9. AGE (In years last birthday) <u>58</u>	10. MONTHS <u>3</u>	11. DAYS <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (State or foreign country) <u>Hastin, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>J. E. Bailey</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hastin</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Bailey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Martha Bailey Edwards, Mo</u> ADDRESS <u>Edwards, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid Hemorrhage</u> ANTECEDENT CAUSES: <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Phyric Hypertension</u> DUE TO (c) <u>arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hr</u> <u>24 hr</u> <u>331X</u>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 13</u> , 19 <u>49</u> , to <u>Aug 13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug 13</u> , 19 <u>49</u> , and that death occurred at <u>1 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. A. Glover MD</u> (Degree or title)				23b. ADDRESS <u>Boona Mo</u>		23c. DATE SIGNED <u>Aug 14 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 15 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cable Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Camdew County MO</u>	
DATE REC'D BY LOCAL REG. <u>8-20-49</u>		REGISTRAR'S SIGNATURE <u>E. J. Myerson MD</u>		FUNERAL DIRECTOR'S SIGNATURE <u>John J. Reed</u>		ADDRESS <u>Warsaw</u>	

Dist. No. 7-49-1009
Date Recd. 9-22-49

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 J. Reese
Licensed Embalmer No. 4098

P. O. Address Warsaw,

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.