

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5656**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **187**

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA	
c. LENGTH OF STAY (in this place) 50 yrs.		d. STREET ADDRESS (If rural, give location) 1411 SO. GRAND	
d. FULL NAME OF HOSPITAL OR INSTITUTION BOTHWELL MEMORIAL HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) _____ c. (Last) BAILEY			4. DATE OF DEATH (Month) (Day) (Year) 7, 1950-3/7.50.		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 18, 1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Benton Co., Missouri		12. CITIZEN OF WHAT COUNTRY? Mo

13a. FATHER'S NAME Alexander Bailey	13b. MOTHER'S MAIDEN NAME Hestor See	14. NAME OF HUSBAND OR WIFE Mary Susan Bailey
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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. 500-10-5198	17. INFORMANT'S SIGNATURE OR NAME Floyd Bailey ADDRESS 161 W Clay, Marshall, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) involment		Myocarditis, chronic, with coronary artery		Gradual onset.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Arteri-sclerosis, senile changes.		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) xxx		
II. OTHER SIGNIFICANT CONDITIONS		Age and senile changes.		42-21
Conditions contributing to the death but related to the disease or condition causing death.				

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION No operation.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural causes.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No injury.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) xxxx
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) No injury.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? No injury.
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22. I hereby certify that I attended the deceased from **Feb. 23, 1950**, to **March 7, 1950**, that I last saw the deceased alive on **March 7, 1950 A.M.** and that death occurred at **10.25 m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C.B. Prader, M.D.	23b. ADDRESS 112 West 4th St. Sedalia, Mo.	23c. DATE SIGNED 3-8-1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 9, 1950	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) Sedalia, Mo.
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DATE REC'D BY LOCAL REG. 3-8-1950	REGISTRAR'S SIGNATURE W. J. Campbell, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE W. J. Beckert ADDRESS Sedalia, Mo.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 13 1950

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 _____

Rev. Heckart

Licensed Embalmer No. _____

3470

P. O. Address _____

Lidalia, 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.