

FILED MAY 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16633
2060

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.			
1. PLACE OF DEATH a. COUNTY Jackson 5/1/50				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Kansas City Mo		c. LENGTH OF STAY (in this place) 5/4/50		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		8/15/50			
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial				d. STREET ADDRESS (If rural, give location) 5800 High Drive					
3. NAME OF DECEASED (Type or Print) a. (First) Eda			b. (Middle) B.		c. (Last) Bailey		4. DATE OF DEATH (Month) 5 (Day) 4 (Year) 50		
5. SEX F	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH July 16 - 1865		9. AGE (In years last birthday) 84	10. UNDER 1 YEAR Months	11. UNDER 12 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John P. Allbgrt			13b. MOTHER'S MAIDEN NAME Sarah Ann		14. NAME OF HUSBAND OR WIFE Willis J. Bailey, deceased				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Orlin A. Weede, 5800 High Drive, Kansas City, Kansas					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) - - - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 33 1/2	
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) m.		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 1947, to Aug 4, 1950, that I last saw the deceased alive on Aug 4, 1950, and that death occurred at 9:42 a.m., from the causes and on the date stated above.									
23a. SIGNATURE Fred Irwig (Degree or title)				23b. ADDRESS 1610 Troyer, T36		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/6/50		24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State) Atchison, Kansas			
DATE REC'D BY LOCAL REG. 5-5-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO., Kansas City, Mo.					

WRITE PLAINLY—USING UNFAADING 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 Embalmer No.

Signed _____

Mal E Meyer

Signed _____

Student Embalmer

Licensed Embalmer No. *4355*

P. O. Address *Kansas City, 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.