

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **26349**

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

BIRTH NO. _____		REG. DIST. NO. <u>41</u>	PRIMARY REG. DIST. NO. <u>5587</u>	Registrar's No. <u>98</u>
1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Ray</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Fishing River</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Camden</u> <u>0890</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Hwdy E. I mile E-Mo City</u>		d. STREET ADDRESS (If rural, give location) <u>no number</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle)	c. (Last) <u>BAILEY Jr.</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 20 1950</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>June 14-1926</u>	9. AGE (In years last birthday) <u>24</u> # UNDER 1 YEAR Months Days # UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Forman Auto Plant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Motor Plant</u>		11. BIRTHPLACE (State or foreign country) <u>Camden Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>William Bailey</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Harrison</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates abroad) <u>Yes W-W-2</u>		16. SOCIAL SECURITY NO. <u>500-22-4854</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Helen Bailey-Camden Missouri.</u>
18. CAUSE OF DEATH				
Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coroner's Case</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Multiple fracture</u>		
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, public, etc.) <u>near road (EE)</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fishing River Twp Clay Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 20 1950 7p</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto accident, crashed in car.</u>
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Keller Bell, Jr. Magistrate</u>			23b. ADDRESS <u>Liberty, Mo.</u>	
23c. DATE SIGNED <u>7-22-50</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removed</u>		24b. DATE <u>7/20-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cravens Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Camden Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>7/20/50</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wape Funeral Home W. Sprng, Mo.</u>



AUG 21 1950

SEP 1 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 James A. Moler

Licensed Embalmer No. 3296

P. O. Address Eg Springs 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.