

FILED NOV 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33408

BIRTH NO. _____		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 4450
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) Independence	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3434 Michigan Ave.		d. STREET ADDRESS (If rural, give location) 724 S. Grand Ave.		
3. NAME OF DECEASED (Type or Print) Floyd Frederick Bailey		a. (First) Floyd	b. (Middle) Frederick	c. (Last) Bailey
4. DATE OF DEATH (Month) (Day) (Year) October 22, 1950				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 6, 1901	9. AGE (In years last birthday) Months Days Hours Min. 49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) plumber		10b. KIND OF BUSINESS OR INDUSTRY plumbing & heating		11. BIRTHPLACE (State or foreign country) Lamoni, Iowa
12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13a. FATHER'S NAME Fred G. Bailey		13b. MOTHER'S MAIDEN NAME Celia A. Clum		14. NAME OF HUSBAND OR WIFE Mary E. Bailey
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. 496-03-0860		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary E. Bailey 724 S. Grand Indep. Mo.
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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary occlusion ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) coronary heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH 4 1/2
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30A m., from the causes and on the date stated above.				
23a. SIGNATURE Geo. C. Kealhofer (Degree or title) <i>Geo. C. Kealhofer, M.D., Deputy Surgeon</i>		23b. ADDRESS 4050 Broadway		23c. DATE SIGNED 10-22-50
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10-24-50		24c. NAME OF CEMETERY OR CREMATORY Mound Grove
24d. LOCATION (City, town, or county) (State) Independence, Mo.				
DATE REC'D BY LOCAL REG. 10-23-50		REGISTRAR'S SIGNATURE <i>Sheraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Henry W. Stahl 815 W. Maple Indep. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

WRITE PLAINLY—USING UNFADING B

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23a. SIGNATURE Geo. C. Kealhofer (Degree or title) <i>Geo. C. Kealhofer, M.D., Deputy Surgeon</i>		23b. ADDRESS 4050 Broadway, SC Mo		23c. DATE SIGNED 10-22-50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT. 24, 1950		24c. NAME OF CEMETERY OR CREMATORY MOUND GROVE
24d. LOCATION (City, town, or county) (State) INDEPENDENCE, MISSOURI				
DATE REC'D BY LOCAL REG. 10-23-50		REGISTRAR'S SIGNATURE <i>Sheraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Henry W. Stahl 815 W. MAPLE INDEP. MO.

(Licensed Embalmer's Statement on Reverse Side)

NOV 29 1951

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 _____

Signed _____
Student Embalmer

Licensed Embalmer No.

P. O. Address _____

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.

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 *Henry J. Stahl*

Student _____
Student Embalmer

Licensed Embalmer No. *3181*

P. O. Address *Independence*

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.