No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36909

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4892

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

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESEARCH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI b. COUNTY: CLAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL KEARNEY 0240
d. STREET ADDRESS (If rural, give location): 1 MILE NORTH OF ARLEY, MO.

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) ISAAC c. (Last) BAILEY

4. DATE OF DEATH (Month) NOV (Day) 20 (Year) 1950

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH MAY 27, 1874

9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months 5 Days 14 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM OWNER

10b. KIND OF BUSINESS OR INDUSTRY FARM

11. BIRTHPLACE (State or foreign country) MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN BAILEY

13b. MOTHER'S MAIDEN NAME LUCY LEWIS

14. NAME OF HUSBAND OR WIFE EMMA NETH BAILEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME Clay Wm Bailey ADDRESS Liberty, Mo.

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) PERITONITIS, EXTENSIVE — INTERVAL BETWEEN ONSET AND DEATH: 72 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) RUPTURE OF ILEUM — 72 hrs.

DUE TO (c) CONTUSION OF ABDOMEN — 72 hrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 9121

19a. DATE OF OPERATION 11-18-50

19b. MAJOR FINDINGS OF OPERATION RUPTURE OF ILEUM - PERITONITIS

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) FARM

21c. (CITY, TOWN, OR TOWNSHIP) KEARNEY (COUNTY) CLAY (STATE) MO.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-18-50 m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? PT. FELL FROM ROAD GRADER

22. *I hereby certify that I attended the deceased from* 11-18, 1950, *to* 11-20, 1950, *that I last saw the deceased alive on* 11-19, 1950, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE J. S. Cope (Degree or title) MD

23b. ADDRESS KANSAS CITY, MO.

23c. DATE SIGNED 11/21/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 4

24b. DATE 11-22-50

24c. NAME OF CEMETERY OR CREMATORY ARLEY CEMETERY

24d. LOCATION (City, town, or county) ARLEY, CLAY CO. (State) MISSOURI

DATE REC'D BY LOCAL REG. 11-21-50

REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE McConnas Funeral Home ADDRESS Smithville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 7 1955

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 Donald W. Hanks

Signed.....
Student Embalmer

Licensed Embalmer No. 4528

P. O. Address Smithville, Mason

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.