

FILED MAR 19 1951

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

8026

State File No. ....

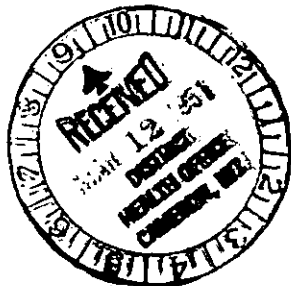
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BIRTH NO. .... REG. DIST. NO. .... PRIMARY REG. DIST. NO. 4197 Registrar's No. 127

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             |                                                                                                                                       |                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Stearns</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MO</u> b. COUNTY <u>Stearns</u> |                                            |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STANBERRY</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stearns MO</u>                                        |                                            |
| c. LENGTH OF STAY (In this place) <u>35 yrs</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             | d. STREET ADDRESS (If rural, give location) <u>206 Alonthus ave</u>                                                                   |                                            |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                             |                                                                                                                                       |                                            |
| 3. NAME OF DECEASED<br>(Type or Print) <u>Mrs CHARLOTTE MAY BAILEY</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                             | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 28 1951</u>                                                                              |                                            |
| 5. SEX <u>F</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 6. COLOR OR RACE <u>W</u>                                                                                   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>                                                                   | 8. DATE OF BIRTH <u>Apr 12 20 1890</u>     |
| 9. AGE (In years last birthday) <u>60</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 11. BIRTHPLACE (State or foreign country) <u>Stearns, MO</u>                                                                          | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Chas H. Ryan</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                             | 13b. MOTHER'S MAIDEN NAME <u>Nona Rogers</u>                                                                                          |                                            |
| 14. NAME OF HUSBAND OR WIFE <u>George W. Bailey</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                             | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>                                                           |                                            |
| 16. SOCIAL SECURITY NO. <u>495-26-0258</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                             | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr Evelyn Amburg</u>                                                                             |                                            |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.<br><br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u><br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertension</u><br>DUE TO (c) <u>Diabetes Mellitus</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><br>INTERVAL BETWEEN ONSET AND DEATH<br><u>5 yr</u><br><u>5 yr</u><br><u>420.1</u> |                                                                                                             | 19. DATE OF OPERATION                                                                                                                 |                                            |
| 20. AUTOPSY? YES <input 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) 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 <u>Feb 26, 1951</u> , to <u>Feb 28, 1951</u> , that I last saw the deceased alive on <u>Feb 26, 1951</u> , and that death occurred at <u>2285 m.</u> , from the causes and on the date stated above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                             |                                                                                                                                       |                                            |
| 23a. SIGNATURE <u>R. L. Milligan</u> (Degree or title) <u>Dr.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             | 23b. ADDRESS <u>Stearns MO</u>                                                                                                        |                                            |
| 23c. DATE SIGNED <u>3-1-51</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                             |                                                                                                                                       |                                            |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                             | 24b. DATE <u>3/1/51</u>                                                                                                               |                                            |
| 24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             | 24d. LOCATION (City, town, or county) (State) <u>Stearns MO</u>                                                                       |                                            |
| DATE REC'D BY LOCAL REG. <u>Mar 5-1951</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                             | REGISTRAR'S SIGNATURE <u>Edith Abilds</u>                                                                                             |                                            |
| FUNDAL DIRECTOR'S SIGNATURE <u>F. F. Phillips</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             | ADDRESS <u>Stearns MO</u>                                                                                                             |                                            |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

~~working under my personal supervision~~

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 1898

P. O. Address Shirley 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.