

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11254**
Registrar's No. **112**

BIRTH NO. _____		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 6125		Registrar's No. 112	
1. PLACE OF DEATH a. COUNTY SHANNON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY TEXAS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL CASTO		c. LENGTH OF STAY (in this place) 5 MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EVNICE MO		1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 MI N.E. SUMMERSVILLE				d. STREET ADDRESS (If rural, give location) 10			
3. NAME OF DECEASED (Type or Print)		a. (First) JAMES		b. (Middle) NICHOLAS		c. (Last) BAILEY	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH OCT. 26 1877	
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY OWNER		11. BIRTHPLACE (State or foreign country) EVNICE MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME WILLIAM BAILEY		13b. MOTHER'S MAIDEN NAME NANCY GRAY		14. NAME OF HUSBAND OR WIFE MARY L. BAILEY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME EVERETT BAILEY			
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, asphyxia, etc. - It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostatic enlargement DUE TO (c) Cerebral Hemorrhage II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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 1946 , to MAR 15, 1951 , that I last saw the deceased alive on MAR 15, 1951 , and that death occurred at 11 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Lawrence Hampton, D.O.				23b. ADDRESS Summersville		23c. DATE SIGNED MAR 17	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-17-51		24c. NAME OF CEMETERY OR CREMATORY UNION CHAPEL		24d. LOCATION (City, town, or county) (State) TEXAS CO MO	
DATE REC'D BY LOCAL REG. 3-31-51		REGISTRAR'S SIGNATURE Maude Rose		447		25. FUNERAL DIRECTOR'S SIGNATURE Gaylord V. Elliott	
						ADDRESS HOUSTON, MO	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 3 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.