

FILED MAY 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15897

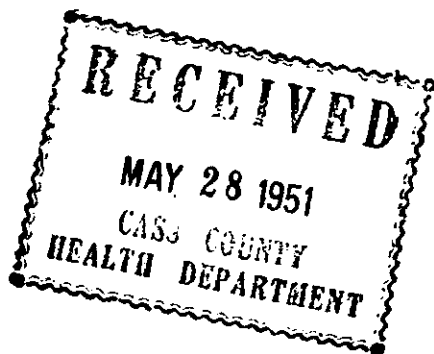
State File No.

BIRTH NO.		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4105</u>		Registrar's No. <u>54</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Peculiar</u>		c. LENGTH OF STAY (In this place) <u>6 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Peculiar</u>		<u>0198</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ✓				d. STREET ADDRESS (If rural, give location) ✓			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILEY</u> b. (Middle) <u>FRANK</u> c. (Last) <u>BAILEY</u>				4. DATE OF DEATH (Month) <u>May</u> (Day) <u>20</u> (Year) <u>1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 22-1870</u>	
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer - Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (State or foreign country) <u>Cass Co Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Wm Bailey</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Ada Bailey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ada Bailey Peculiar Mo.</u>			
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) <u>CARDIAC DECOMPENSATION</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHB. MYOCARDITIS</u> DUE TO (c) <u>ARTERIO SCLERODIS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>SENILITY</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION ✓		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>				20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-2</u> , 19 <u>51</u> , to <u>5-20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-18</u> , 19 <u>51</u> , and that death occurred at <u>8:35 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>David B. Long MD</u>		23b. ADDRESS <u>Harrisonville Mo.</u>		23c. DATE SIGNED <u>5/22/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 22-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>6 mi S.W. of Peculiar Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 22, 1951</u>		REGISTRAR'S SIGNATURE <u>Dana J. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Pannenburg's Harrisonville Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0198



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.

Signed.....
Student Embalmer

Signed.....
Student Embalmer No.....

Licensed Embalmer No. 33680

P. O. Address Harrisonville 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.