

FILED JUN 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. 20938

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3002		Registrar's No. 197	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (If this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		d. STREET ADDRESS (If rural, give location) Sedalia, Missouri	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bothwell Memorial Hospital				d. STREET ADDRESS (If rural, give location) Sedalia, Missouri			
3. NAME OF DECEASED (Type or Print) Benjamin		a. (First) b. (Middle) W. c. (Last) Baley		4. DATE OF DEATH (Month) (Day) (Year) June 11 1951			
5. SEX 0 Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 9, 1869	
9. AGE (In years, last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Supt.		11. BIRTHPLACE (State or foreign country) Benton County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William E. Baley		13b. MOTHER'S MAIDEN NAME Miranda Jane Holland		14. NAME OF HUSBAND OR WIFE Lydia Baley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 491-36-7781		17. INFORMANT'S SIGNATURE OR NAME Lydia Baley		ADDRESS Sedalia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH 2 days			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-Sclerosis DUE TO (c) 4/201 F				3 yrs.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bruises of face, neck, hands, fore arms. (accidental)				3 wks.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accidental		21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.) Sedalia, Mo.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sedalia Pettis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 22 1951 10:30 pm		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 May 22, 1951, to June 11, 1951, that I last saw the deceased alive on June 11, 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Frank B. Long M.D.		(Degree or title)		23b. ADDRESS Katy Bell, Sedalia, Mo.		23c. DATE SIGNED 6/12/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 13 1951		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		24d. LOCATION (City, town, or county) (State) Sedalia, Mo	
DATE REC'D BY LOCAL REG. 6-18-1951		REGISTRAR'S SIGNATURE A. J. Campbell M.D.		FUNERAL DIRECTOR'S SIGNATURE W. Eckhart		ADDRESS Sedalia, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

SUCCESSFUL TUNING HOME

RECEIVED 6-25-51
DISTRICT HEALTH OFFICE #3
District File Number _____
Date Filed 6-25-51

JUN 28 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____ *W. Keckhart*

Licensed Embalmer No. 3470

P. O. Address Sedalia, 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.