

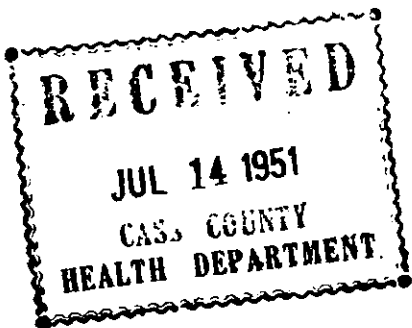
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22383**

FILED JUL 18 1951

BIRTH NO. _____		REG. DIST. NO. <u>59</u>	PRIMARY REG. DIST. NO. <u>5227</u>	Registrar's No. <u>79</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>Rural Peculiar Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Grand River Twp.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors' Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Harrisonville (9 mi South)</u>		
3. NAME OF DECEASED (Type or Print) <u>MARY FRANCES BAILEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 13 1951</u>		
5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 17-1882</u>	9. AGE (In years last birthday) <u>68</u> 10. YEARS <u>68</u> 11. MONTHS <u>6</u> 12. DAYS <u>8</u> 13. IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Morgan Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>W. M. Wilson</u>		
13b. MOTHER'S MAIDEN NAME <u>Sarah Rains</u>		14. NAME OF HUSBAND OR LIFE <u>R. H. Bailey</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William E. Bailey Harrisonville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGESTIVE HEART FAILURE</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARDIAC Hypertrophy</u> DUE TO (c) <u>Arteriosclerosis (Senile type)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>BRONCHIAL Asthma</u>		
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>		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)		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>JUNE 29, 1951</u> , to <u>JULY 12, 1951</u> , that I last saw the deceased alive on <u>JULY 12, 1951</u> , and that death occurred at <u>3:20 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Paul H. Green D.O.</u>		23b. ADDRESS <u>HARRISONVILLE, Mo.</u>		23c. DATE SIGNED <u>7-13-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 15-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Big Rock Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Barnett Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hannaburgers Harrisonville</u>		
DATE REC'D BY LOCAL REG. <u>July 13, 1951</u>		REGISTRAR'S SIGNATURE <u>Bora Barnard</u>		ADDRESS <u>Harrisonville</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.

Student
Student Embalmer

Signed Francis L. Schaefer

Licensed Embalmer No. 4513

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.