

FILED AUG 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23685

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 5733 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Walnut</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Walnut</b>	
c. LENGTH OF STAY (In this place) <b>3 mos.</b>		d. STREET ADDRESS (If rural, give location) <b>4 mi. W. of Elmer</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4 Mi. W. of Elmer</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>M.</b> c. (Last) <b>Bailey</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 29, 1951</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Dec. 19, 1862</b>		9. AGE (In years last birthday) <b>88</b>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 24 HRS. Hours _____ Mins. _____		11. BIRTHPLACE (State or foreign country) <b>Macon Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer-Ret.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Macon Co., Mo.</b>	

13a. FATHER'S NAME <b>Joseph M. Bailey</b>		13b. MOTHER'S MAIDEN NAME <b>Elvira Eovern</b>		14. NAME OF HUSBAND OR WIFE <b>Anetta Stanley</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. J. H. Williams Elmer, Mo.</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atherosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs.</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4500</b>			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 July 1, 1951, to July 29, 1951, that I last saw the deceased alive on July 29, 1951, and that death occurred at 11:45 pm., from the causes and on the date stated above.

23a. SIGNATURE <b>Harold W. P. D. D.</b>		23b. ADDRESS <b>Elmer, Mo.</b>		23c. DATE SIGNED <b>7/30/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/1/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elmer</b>	
		24d. LOCATION (City, town, or county) (State) <b>Elmer, Missouri</b>			

DATE REC'D BY LOCAL REG. <b>Aug. 4/51</b>		REGISTRAR'S SIGNATURE <b>Daphne Hoverton</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert Skinner</b>	
		184		ADDRESS <b>Macon</b>	

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

(9)

RECEIVED  
MAGON COUNTY HEALTH DEPARTMENT  
County File No. 8,615/1  
Date Filed 8,51,121  
8,615/1

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 *Thos. L. Ball* .....

Licensed Embalmer No. *45-5-2* .....

P. O. Address *Macon, 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.