

FILED SEP 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26400

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

BIRTH NO. _____		REG. DIST. NO. <u>64</u>		PRIMARY REG. DIST. NO. <u>4110</u>		Registrar's No. <u>46</u>		
1. PLACE OF DEATH a. COUNTY <u>Chariton 0210</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury</u>		c. LENGTH OF STAY (in days) <u>all</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury 0210</u>		d. STREET ADDRESS (If rural, give location) <u>Webster St 0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Webster St</u>				d. STREET ADDRESS (If rural, give location) <u>Webster St 0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Edward</u> c. (Last) <u>Bailey</u>			4. DATE OF DEATH (Month) <u>8</u> (Day) <u>13</u> (Year) <u>1951</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Blk</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan. 27-1864</u>		
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>16</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Common labor</u>			11. BIRTHPLACE (State or foreign country) <u>Mo</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Green Bailey</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Bailey</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Bowman Bailey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		(If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thomas Bailey</u> ADDRESS <u>Salisbury Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION, DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>		
				ANTECEDENT CAUSES (b) <u>Cerebral sclerosis</u>		<u>2 yrs.</u>		
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Generalized arterio sclerosis (peripheral)</u>		<u>5 yrs.</u>		
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 _____				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) <u>334X</u>				
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>April 15, 1951</u> , to <u>Aug 13, 1951</u> , that I last saw the deceased alive on <u>Aug 19, 1951</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. L. ...</u> (Degree or title) _____				23b. ADDRESS <u>Salisbury Mo</u>		23c. DATE SIGNED <u>8-18-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-16-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salisbury</u>		24d. LOCATION (City, town, or county) (State) <u>Salisbury Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-28-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Scott Blunkelmeier</u> ADDRESS <u>Salisbury Mo</u>				

Date Received: SEP 4 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-57-1536
Date Filed: SEP 5 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Geo B Winkeberry*

Licensed Embalmer No. *2125*

P. O. Address *Salisbury*

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.