

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33992

State File No. _____

FILED NOV 8 1957

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL PRAIRIE TWP</u>	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY 3008</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R-H INDEP. MO</u>		d. STREET ADDRESS (If rural, give location) <u>P 1</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>MARY</u>	b. (Middle) <u>E</u>	c. (Last) <u>BAILEY</u>	(Month) <u>10</u>	(Day) <u>-16-</u>	(Year) <u>1957</u>

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>12-9-1962</u>	9. AGE (In years last birthday) <u>88</u>	# UNDER 1 YEAR Months <u>10</u> Days <u>7</u>	# UNDER 1 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unknown</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>OWENSVILLE KY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>JACKSON Co HOME RECORDS</u>	ADDRESS <u>Indep Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> 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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from September 8, 1957, to October 16, 1957, that I last saw the deceased alive on October 15, 1957, and that death occurred at 1:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Johnson</u>	(Degree or title) _____	23b. ADDRESS <u>1111 Bank Bldg Independence Mo</u>	23c. DATE SIGNED <u>10/16/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-18-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lees Summit</u>	24d. LOCATION (City, town, or county) (State) <u>Lees Summit Mo</u>
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DATE REC'D BY LOCAL REG. <u>10/18/57</u>	REGISTRAR'S SIGNATURE <u>Donald C. Eardshaw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Campbell</u>	ADDRESS <u>Lees Summit Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1480
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NOV 5 RECO

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 B. J. Linsley.....

Licensed Embalmer No. 4822.....

P. O. Address Leek Summit, Pa......

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.