

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42334

State File No. _____

FILED DEC 26 1951

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3048 Registrar's No. 84

2681

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

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY OR TOWN <u>California</u>		c. CITY OR TOWN <u>California</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>California mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home California</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Washington</u> c. (Last) <u>Bailey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 15 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>Sept. 9 - 1876</u>		9. AGE (In years last birthday) <u>75</u>		10. MONTHS <u>3</u> DAYS <u>6</u> IF UNDER 1 YEAR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroading</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Moniteau Co. D</u>	
12. CITIZEN OF WHAT COUNTRY? <u>A. S. A.</u>					

13a. FATHER'S NAME <u>J. Bailey</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Francis Spear</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Bailey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>707-16-2180</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harold Bailey</u> ADDRESS <u>- 817 N.E. 28 Okla. City</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hours</u>	
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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		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) (Min.)		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 June 2, 1949, to Dec 15, 1951, that I last saw the deceased alive on Dec 15, 1951, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Bereyon Latham D.M.D.</u> (Degree or title)		23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>12-16-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 17-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cade.</u>	
24d. LOCATION (City, town, or county) (State) <u>California Mo.</u>					

DATE REC'D BY LOCAL REG. <u>12-18-51</u>		REGISTRAR'S SIGNATURE <u>H.R. Pappas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E. Williams</u> ADDRESS <u>California Mo.</u>	
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RECEIVED DEC 26 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 26 1951

JAN 8 1952

DEC 26 1951

JAN 8 1952

DEC 27 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 Hugh E. Williams

Signed.....
Student Embalmer

Licensed Embalmer No. 3539

P. O. Address California, 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.