

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **24991****DEAD JUL 22 1952**

| | | | | | | | | | | | | | | | |
|---|--|--|--------------------------|---|--|---|--|---|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>178</u> | | PRIMARY REG. DIST. NO. <u>5664</u> | | Registrar's No. <u>22</u> | | | | | | | | | |
| 1. PLACE OF DEATH a. COUNTY LEWIS | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LEWIS | | | | | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) REDDISH | | c. LENGTH OF STAY (in this place) LIFE | | c. CITY (If outside corporate limits, write RURAL and give township) REDDISH | | 0540 | | | | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | d. STREET ADDRESS (If rural, give location) _____ | | | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | a. (First) ANDREW | | | b. (Middle) MACK | | | c. (Last) BAILEY | | | 4. DATE OF DEATH (Month) (Day) (Year) JULY 16 1952 | | | |
| 5. SEX M | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH MARCH 5 1886 | | | 9. AGE (In years last birthday) 66 | | 10. UNDER 1 YEAR Months Days 4 11 | | 11. UNDER 1 MIN. Hours Min. 0 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | | | 10b. KIND OF BUSINESS OR INDUSTRY FARMING | | | | 11. BIRTHPLACE (State or foreign country) LEWIS COUNTY | | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME ANDREW BAILEY | | | | 13b. MOTHER'S MAIDEN NAME LUCY BRAXTER | | | | 14. NAME OF HUSBAND OR WIFE ELLA BAILEY | | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | | | 16. SOCIAL SECURITY NO. NONE | | | | 17. INFORMANT'S SIGNATURE OR NAME DELMAR BAILEY | | | | ADDRESS LEWISTOWN, MISSOURI | | | |
| 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. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Embolus DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH UNKNOWN | | | | | | | | | | | |
| 19a. DATE OF OPERATION _____ | | | | 19b. MAJOR FINDINGS OF OPERATION 4201 | | | | | | | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on P.O.A. , 19____, and that death occurred at 4:35P m., from the causes and on the date stated above. | | | | | | | | | | | | | | | |
| 23a. SIGNATURE John W. Wells | | | | (Degree or title) D.O. | | | | 23b. ADDRESS Levi town Mo. | | | | 23c. DATE SIGNED 17 July 52 | | | |
| 24a. BURIAL (CREMATION, REMOVAL) (Specify) BURIAL | | | | 24b. DATE JULY 19, 1952 | | | | 24c. NAME OF CEMETERY OR CREMATORY DEERRIDGE CEMETERY | | | | 24d. LOCATION (City, town, or county) (State) DEER RIDGE MISSOURI | | | |
| DATE REC'D BY LOCAL REG. 7-19-52 | | | | REGISTRAR'S SIGNATURE P. W. Jennings | | | | 25. FUNERAL DIRECTOR'S SIGNATURE 161 - G. Charles L. Arnold | | | | ADDRESS Levi town, Mo. | | | |

(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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed Charles L. Canolf, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, 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.