.S. No. 300
EV. 10-48

FILED DEC 12 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41240

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 229

1003

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

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Delta Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston 1003
d. STREET ADDRESS (If rural, give location): 409 New

3. NAME OF DECEASED (Type or Print)
a. (First): Agnes
b. (Middle): 0
c. (Last): Bailey

4. DATE OF DEATH (Month) (Day) (Year): 11-27-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 6-7-1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Jefferson Co., Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Williams
13b. MOTHER'S MAIDEN NAME: Brookman
14. NAME OF HUSBAND OR WIFE: Ralph E. Bailey SR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Roger Bailey - Sikeston Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Direct Cause unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes mellitus
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 260X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-1, 1952 *to* 11-27, 1952 *that I last saw the deceased alive on* 11-27, 1952 *and that death occurred at* 7:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alden L. Sargent MD
23b. ADDRESS: Sikeston, Mo.
23c. DATE SIGNED: 11-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11-29-52
24c. NAME OF CEMETERY OR CREMATORY: City
24d. LOCATION (City, town, or county) (State): SIKESTON MO

DATE REC'D BY LOCAL REG.: 12-5-52
REGISTRAR'S SIGNATURE: Mrs Ella Hunter 429
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Welsh Funeral Home - Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 8 1952
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 1252-334

OCT 13 1952

DEC 18 1952

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 Raymond Lewis

Licensed Embalmer No. 3467

P. O. Address Sikeston Mo

Signed ——
Student Embalmer

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.