

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22318

State File No.

FILED JUL 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>261</u>		PRIMARY REG. DIST. NO. <u>2048</u>		Registrar's No. <u>130</u>	
1. PLACE OF DEATH a. COUNTY <u>Mo Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Maryville</u>		c. LENGTH OF STAY (In this place) <u>16 Hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Hopkins, Twp.</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>.0740</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marshall</u>			b. (Middle) <u>J.</u>		c. (Last) <u>Bailey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 3, 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 13, 1906</u>		9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Leeton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>M.P. Bailey</u>			13b. MOTHER'S MAIDEN NAME <u>Dora Marshall</u>		14. NAME OF HUSBAND OR WIFE <u>Genevye Bailey</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>484-38-2284</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Genevye Bailey, Hopkins, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Injury to arm in hay baler followed by shock</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>16 hrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		8/14 9/21 3		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Caught in hay baler</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm in Passarow Taylor town</u>		21c. (CITY, TOWN, OR TOWNSHIP) COUNTY (STATE) <u>Passarow Taylor Taylor</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 2 5:40 p</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>arm caught in hay baler</u>			
22. I hereby certify that I attended the deceased from <u>7/2, 1953, to 7/3, 1953</u> that I last saw the deceased alive on <u>7/3, 1953</u> , and that death occurred at <u>10 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. D. Taylor, M.D.</u>				23b. ADDRESS <u>Hopkins</u>		23c. DATE SIGNED <u>7/4/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 5, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopkins</u>		24d. LOCATION (City, town, or county) (State) <u>Hopkins, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-10-53</u>		REGISTRAR'S SIGNATURE <u>Bess Holt 229</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stevley Swanson, Hopkins, Mo.</u>			

(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 _____

myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Stanley Swanson*

Licensed Embalmer No. *3963*

P. O. Address *Hopkinton, Ma*

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.