

FILED SEP 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28496
4098
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI		b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 37 YEARS		c. CITY OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION DEVINE BROS. CLINIC					
e. STREET ADDRESS (If rural, give location) 1457 EAST-66TH TERRACE				d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) GEORGE ALEXANDER BAILEY			4. DATE OF DEATH (Month) (Day) (Year) AUGUST-17-1953		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH DEC-15-1902		9. AGE (In years last birthday) 50		10. IF UNDER 1 YEAR Months Days 50	
11. IF UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SAFETY ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY MASSACHUSETTS BONDING COMPANY	
11. BIRTHPLACE (City and State or Foreign Country) CLINTON MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME HENRY BAILEY		13b. MOTHER'S MAIDEN NAME DAISY TINSLEY		14. NAME OF HUSBAND OR WIFE MRS. JEAN MAURINE 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. 495-03-0523		17. INFORMANT'S SIGNATURE OR NAME MRS. JEAN MAURINE BAILEY	
ADDRESS 1457 E. 66TH TERRACE, KANSAS CITY, MO.					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inanition and Debilitation				153X	
		ANTECEDENT CAUSES					
		DUE TO (b) Carcinomatosis DUE TO (c) Primary Carcinoma of Colon					
19a. DATE OF OPERATION 4-20-53		19b. MAJOR FINDINGS OF OPERATION Generalized carcinomatosis of abdomen				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)		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 **3-13-53**, 19____, to **8-17**, 19**53**, that I last saw the deceased alive on **8-16**, 19**53**, and that death occurred at **3:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE V. J. Devine		(Degree or title)		23b. ADDRESS 918 Oak St., Kansas City, Mo.		23c. DATE SIGNED 8-17-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG-19-1953		24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 8-19-53		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer, Jr.			
ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.							

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Herbert A. Jones*.....

Licensed Embalmer No. *4921*.....

P. O. Address *4125 Paseo*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.