

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Stager 18411

Ash Grove, Mo.

State File No.

Registrar's No. 54-44

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY DADE EX			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DADE		
b. CITY (If outside corporate limits, write RURAL and give township) EVERTON		c. LENGTH OF STAY (In this place) 9 yrs		c. CITY OR TOWN EVERTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION			e. STREET ADDRESS (If rural, give location) 0290		
3. NAME OF DECEASED (Type or Print) a. (First) HATTIE		b. (Middle) MAY		c. (Last) BAILEY	
5. SEX FEMALE		6. COLOR OR RACE WHITE		4. DATE OF DEATH (Month) (Day) (Year) JUNE 29, 1954	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT. 20, 1889		9. AGE (In years last birthday) 64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Republic, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME GEORGE BOYD		13b. MOTHER'S MAIDEN NAME HARRINGTON	
14. NAME OF HUSBAND OR WIFE WALTER 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 WALTER BAILEY, EVERTON, 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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY Thrombosis DUE TO (c) ARTERIO Sclerosis 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 4201		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) (Min.)		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 JULY 11, 1953 , to JUNE 29, 1954 , that I last saw the deceased alive on JUNE 27, 1954 , and that death occurred at 11:30p. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) G.F. Stager, D.O.		23b. ADDRESS Ash Grove, Mo.		23c. DATE SIGNED 6/30/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/2/54		24c. NAME OF CEMETERY OR CREMATORY HARRINGTON CEMETERY	
24d. LOCATION (City, town, or county) (State) NEAR REPUBLIC, MO.		25. FUNERAL DIRECTOR'S SIGNATURE Herman H. Lohmeyer, Springfield		ADDRESS	
DATE REC'D BY LOCAL REG. 7-2-54		REGISTRAR'S SIGNATURE J. C. Canada		478	

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.....

Licensed Embalmer No. 2727

P. O. Address, Springfield

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.