

FILED NOV 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39810

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 685 Registrar's No. 196

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural</i> clay township		c. LENGTH OF STAY (In this place) 60 years		c. CITY OR TOWN Clay township		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 miles east of Marshall				e. STREET ADDRESS (If rural, give location) 8 miles east of Marshall						
3. NAME OF DECEASED (Type or Print) a. (First) Fredrick b. (Middle) William c. (Last) Bailey			4. DATE OF DEATH Nov. 15th, 1954							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 1st, 1867				
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months 9 Days 14		IF UNDER 2 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 Farmer		11. BIRTHPLACE (City and State or Foreign Country) St. Louis County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Christain Bailey			13b. MOTHER'S MAIDEN NAME Elizabeth Bangert		14. NAME OF HUSBAND OR WIFE -----					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry Bailey, Marshall, Mo. Route #4					
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, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken neck & crushed right chest				30 Min.		
				ANTECEDENT CAUSES				DUE TO (b) _____		
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Team ran away while on wagon, throwing deceased to the ground. During the above results -		E 9/21 3
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accidents - on farm		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) On farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clay, Fresh - Saline - Mo.						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-15-1954 3:30		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Team ran away, to the ground -						
22. I hereby certify that I attended the deceased from <i>made the certification 11-15-54 to 17</i> , 19___, that I last saw the deceased alive on ___ 19___, and that death occurred at ___ P.m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) C.L. Lawless M.D. Coroner Saline Co.				23b. ADDRESS Marshall Mo.		23c. DATE SIGNED 11-15-54				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 17, 1954		24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery		24d. LOCATION (City, town, or county) (State) Marshall, Missouri.				
DATE REC'D BY LOCAL REG. 11-16-54		REGISTRAR'S SIGNATURE Sidney J. Gray		385 - FUNERAL DIRECTOR'S SIGNATURE (Campbell) Lewis		ADDRESS Marshall, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

NOV

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, ~~or~~ by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 4

P. O. Address.....
Marshall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.