

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

41692

BIRTH NO.

REG. DIST. NO.

207

PRIMARY REG. DIST. NO.

5757

Registrar's No.

56

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, write RURAL and give town or township) c. LENGTH OF STAY (in this place) Years TOWN Rural 1 mi 1/2		c. CITY OR TOWN Vichy d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Approx 3 Miles West of Vichy		e. STREET ADDRESS (If rural, give location) Approx. 3 Miles West of Vichy	
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) LLOYD c. (Last) BAILEY		4. DATE OF DEATH (Month) (Day) (Year) Dec. 24. 1954	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 11, 1895
9. AGE (in years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	11. BIRTHPLACE (City and State or Foreign Country) Vichy, Maries Co., Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Daniel Bailey	
14. MOTHER'S MAIDEN NAME Nannie Hoggett		15. NAME OF HUSBAND OR WIFE Mary Elizabeth Bailey	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No XX		17. SOCIAL SECURITY NO. None	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
20. INTERVAL BETWEEN ONSET AND DEATH ?		21. AUTOPSY? YES ☐ NO ☒	
22. DATE OF OPERATION		23. MAJOR FINDINGS OF OPERATION	
24. ACCIDENT SUICIDE HOMICIDE (Specify)		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
26. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 6-15-54		27. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
28. HOW DID INJURY OCCUR?		29. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
30. I hereby certify that I attended the deceased from 6-24-53, 19, to 6-15-54, 19, that I last saw the deceased alive on 6-15-54, 19, and that death occurred at 9:30A m., from the causes and on the date stated above.		31. SIGNATURE (Degree or title) D. O. 1	
32. ADDRESS Vienna, Missouri		33. DATE SIGNED 1-4-55	
34. BURIAL, CREMATION, REMOVAL (Specify) Burial		35. DATE Dec. 27, 1954	
36. NAME OF CEMETERY OR CREMATORY Macedonia Cemetery		37. LOCATION (City, town, or county) (State) near Rolla, Missouri	
38. DATE REC'D BY LOCAL REG. 1-4-55		39. REGISTRAR'S SIGNATURE Pauline Howard	
40. FUNERAL DIRECTOR'S SIGNATURE S. L. Miller		41. ADDRESS Rolla Mo.,	

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

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3397

P. O. Address.....
Ralla

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.