

FILED DEC 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43085**

0980

BIRTH NO. _____ REG. DIST. NO. **325** PRIMARY REG. DIST. NO. **4478** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY SCHUYLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Schuyler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LANCASTER		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LANCASTER - Mo 0980	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED a. (First) Carrie b. (Middle) M. c. (Last) BAILEY			4. DATE OF DEATH (Month) (Day) (Year) Dec 15 1954
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 26, 1865
9. AGE (In years last birthday) 89		10. IF UNDER 1 YEAR Months 6 Days 19 IF UNDER 12 HRS. Hours Min. 	
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 (State or foreign country) Mo 0
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Jonathan Stipp	
13b. MOTHER'S MAIDEN NAME Mahalia		14. NAME OF HUSBAND OR WIFE C. M. Bailey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) < (If yes, give war or dates of service) <		16. SOCIAL SECURITY NO. <	
17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) Mrs. Grover Wilson Lancaster Mo		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Acute Coronary Thrombosis	
18. CAUSE OF DEATH (continued) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) _____ 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 4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
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 Dec. 15 , 1954, to Dec. 15 , 1954, that I last saw the deceased alive on Dec. 15 , 1954, and that death occurred at 9:30 A. m. , from the causes and on the date stated above.	
23a. SIGNATURE H. Stipp (Degree or title) Do.		23b. ADDRESS Lancaster, Missouri	
23c. DATE SIGNED Dec. 16, 1954		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Dec. 17 1954		24c. NAME OF CEMETERY OR CREMATORY Downing Mo	
24d. LOCATION (City, town, or county) (State) Downing Mo		25. FUNERAL DIRECTOR'S SIGNATURE George A. Sidrake ADDRESS Morehead - Norman Lancaster	
DATE REC'D BY LOCAL REG. Dec. 16/54		REGISTRAR'S SIGNATURE 353-0	

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
Student Embalmer

Signed Novel E. Foster

Licensed Embalmer No. 4742

P. O. Address Wicksville, Mo.

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.