

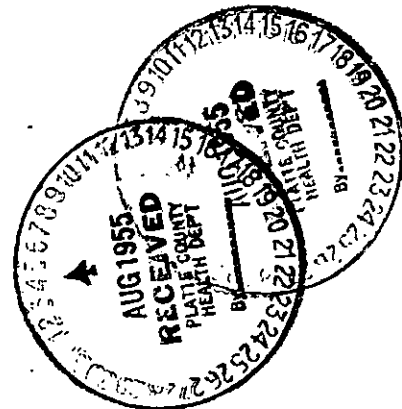
FILED AUG 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23190**

BIRTH NO.		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 6962		Registrar's No. 619	
1. PLACE OF DEATH a. COUNTY Platte b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall Township c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION 2 mile S. Iatan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Platte c. CITY OR TOWN Iatan d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ e. STREET ADDRESS (If rural, give location) 0827			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Marion c. (Last) Bailey		4. DATE OF DEATH (Month) (Day) (Year) July 30, 1955		5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH (In years last birthday) (Month) (Day) (Year) Sept. 22, 1888 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and State or Foreign Country) Purdin, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Aniel Webster Bailey		13b. MOTHER'S MAIDEN NAME Anna Marie Mellon		14. NAME OF HUSBAND OR WIFE Mary Eliz. Sights			
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 ADDRESS Mrs. George Bailey Iatan, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CRUSHED CHEST AND HEAD INJURIES 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. 9121				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) FARM (ON FEE)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) MARSHALL PLATTE MO.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? TRACTOR OVERTURNED			
22. I hereby certify that I attended the deceased from APPROX. 11:20 a.m. , 19 7-30-55 , to 19 , and that death occurred on 7-30-55 , from the causes and on the date stated above.							
23a. SIGNATURE Roland M. Giffie, Coroner		23b. ADDRESS Platte City, Mo.		23c. DATE SIGNED 7-30-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-2-55		24c. NAME OF CEMETERY OR CREMATORY Graceland Cemetery		24d. LOCATION (City, town, or county) (State) Weston, Missouri	
DATE REC'D BY LOCAL REG. Aug 1-1955		REGISTRAR'S SIGNATURE Opheia Pullman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vaughn Funeral Home Weston, 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..... *W. R. Vaughn*

Licensed Embalmer No. *402*

P. O. Address *Weston*

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.