

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

956

State File No.

BIRTH NO.		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 4197		Registrar's No. 24	
1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Gentry			
b. CITY OR TOWN Stanberry		c. LENGTH OF STAY (in this place) 55 yrs.		c. CITY OR TOWN Stanberry, Mo.		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION 415 North Locust St.				e. STREET ADDRESS (If rural, give location) 415 N. Locust 0380			
3. NAME OF DECEASED (Type or Print)		a. (First) Mr. John B.		b. (Middle) Bailey		c. (Last)	
4. DATE OF DEATH		(Month) Feb.		(Day) 3		(Year) 1956	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 26 1874	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work during last 12 months) Red abash conductor		11. BIRTHPLACE (City and State or Foreign Country) ~~Stanberry, Mo.~~ Penn		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Bailey		13b. MOTHER'S MAIDEN NAME Sarah Jane Brown		14. NAME OF HUSBAND OR WIFE Mrs. Mary K. 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 703 - 01 - 1968		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Donald Bailey Stanberry, 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) <i>Arteriosclerosis</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>in fire at his home</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 9/60 16	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) m.		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 2-3-1956, to 2-3-1956, that I last saw the deceased alive on 2-3-1956, and that death occurred at 2:15 A.M., from the causes and on the date stated above.							
23. SIGNATURE <i>C. H. Williams</i> (Degree or title) <i>Genl. Co. Stb.</i>		23b. ADDRESS <i>Gentry Co.</i>		23c. DATE SIGNED <i>2-6-56</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>2-6-56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>High Ridge</i>		24d. LOCATION (City, town, or county) (State) <i>Stanberry Gentry, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>Feb 6-1956</i>		REGISTRAR'S SIGNATURE <i>Maudie Williams</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Tabby G. Phillips Stanberry, Mo</i>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 15 1958

MAY 15 1958

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. 189

P. O. Address. Stoukney

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.