

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8684

State File No.
Registrar's No. 39

BIRTH NO.		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>4197</u>	
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Stanberry, Mo</u>)		c. LENGTH OF STAY (in this place) <u>60 yrs.</u>		c. CITY OR TOWN <u>Stanberry, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Graves Rest Home</u>				d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs. Mary Catherine</u> b. (Middle) <u>Bailey</u> c. (Last) <u>Bailey</u>				4. DATE OF DEATH (Month) <u>Mar</u> (Day) <u>29</u> (Year) <u>1956</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, ☒ WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Nov. 10 1878</u>		9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR: Months <u>77</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Greenbush, Ill</u>	
12. CITIZEN OF WHAT COUNTRY? <u>A</u>		13a. FATHER'S NAME <u>Riley Simmons</u>		13b. MOTHER'S MAIDEN NAME <u>Harriett Simmons</u>	
14. NAME OF HUSBAND OR WIFE <u>John B. Bailey deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>703-01-1168</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>B Donald Bailey</u>		18. ADDRESS <u>Stanberry, Mo.</u>		19. MEDICAL CERTIFICATION	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension and Arteriosclerosis</u> DUE TO (c) <u>Undetermined</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>years</u> <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443x</u>		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 <u>3-12</u> <u>1953</u> , to <u>3-29</u> <u>1956</u> , that I last saw the deceased alive on <u>3-8</u> <u>1956</u> , and that death occurred at <u>4:30p</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Charles L. Barlin</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Stanberry, Mo.</u>		23c. DATE SIGNED <u>4-2-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 1st 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u>	
24d. LOCATION (City, town, or county) (State) <u>Stanberry Gentry Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fathey, Phillips</u>		ADDRESS <u>Stanberry, Mo</u>	
DATE REC'D BY LOCAL REG. <u>April 4-56</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fathey, Phillips</u>	

SEP 27 4 1971

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. 1898

P. O. Address.....

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.