

FILED MAR 19 1956

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

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>5601</u>		Registrar's No. <u>36</u>			
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>					
b. CITY OR TOWN <u>Warrensburg</u>		c. LENGTH OF STAY (in this place) <u>7 yrs.</u>		c. CITY OR TOWN <u>Warrensburg</u>		d. Is Residence within limits of a city or incorporated town? <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center</u>				e. STREET ADDRESS (If rural, give location) <u>510 East Gay Street</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>NORMAN</u>			b. (Middle) <u>W.</u>		c. (Last) <u>BAILEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 13th. 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>October 6, 1923</u>		9. AGE (In years last birthday) <u>32</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer, City Street Dept.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>City of Warrensburg</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Sherman Wesley Bailey</u>			13b. MOTHER'S MAIDEN NAME <u>Lottie Mae Bailey Warner</u>			14. NAME OF HUSBAND OR WIFE <u>Jean Bailey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes.</u> (If yes, give war or dates of service) <u>World War #2</u>			16. SOCIAL SECURITY NO. <u>495-20-1026</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jean Bailey, Warrensburg, Missouri</u> ADDRESS				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal Skull Fracture and</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Broken Neck.</u> DUE TO (c) <u>Automobile Accident, Highway #50,</u> II. OTHER SIGNIFICANT CONDITIONS <u>Johnson County, Missouri, East of Warrensburg,</u> Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>20 minutes.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accidental</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #50, Warrensburg</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Warrensburg</u> (COUNTY) <u>Johnson</u> (STATE) <u>Missouri</u>					
21d. TIME OF INJURY <u>3-13-56 12:15A m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile Accident.</u>					
22. I hereby certify that I attended the deceased from <u>3-13-1956</u> , to <u>3-13-1956</u> , that I last saw the deceased alive on <u>3-13-1956</u> , and that death occurred at <u>12:30A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>David R. Holmes</u>			(Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Warrensburg, Missouri</u>		23c. DATE SIGNED <u>3-14-1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 15, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Mar. 15, 1956</u>		REGISTRAR'S SIGNATURE <u>Savannah Critchfield</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>R.A. Brauning</u>		ADDRESS <u>Warrensburg, Missouri.</u>		

