

FILED MAY 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13585

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 210

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Rented Blue</u>	c. LENGTH OF STAY (In this place) <u>4 days</u>	c. CITY OR TOWN <u>Independence</u>	d. IS RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep. Sanit. Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>East Truman Rd. W. No. 70 Hwy</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>R.</u> b. (Middle) <u>ANNA</u> c. (Last) <u>BAILEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 5 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Whit</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/> WIDOWED	8. DATE OF BIRTH <u>Nov. 21, 1888</u>	9. AGE (In years, months, days, hours, min.) <u>67</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson Co. Ind. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Hopkins</u>	13b. MOTHER'S MAIDEN NAME <u>Bessie G. Stevens</u>	14. NAME OF HUSBAND OR WIFE <u>John W. Bailey</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. Elmer Bailey</u> ADDRESS <u>Rented Blue Ind. Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hours</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute obstruction of ileum</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>adhesive band</u> 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 <u>5705</u>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) _____
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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 _____
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22. I hereby certify that I attended the deceased from 5/3, 1956, to 5/5, 1956, that I last saw the deceased alive on 5/4, 1956 and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Vance E. Link M.D.</u> (Degree or title)	23b. ADDRESS <u>10901 Winner Rd Independence, Mo</u>	23c. DATE SIGNED <u>5/5/56</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 7 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodland Grove Cem. 4 River Ind. Mo</u>	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. <u>5-7-56</u>	REGISTRAR'S SIGNATURE <u>James Craig</u>	FEDERAL DIRECTOR'S SIGNATURE <u>Voland K. ... Ind. Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 10 1956

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 *Poland P. Jones*.....

Licensed Embalmer No. *516*.....

P. O. Address *Indy*.....

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.