

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 61

Primary Registration District No. 4107

Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Cedar			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN El Dorado Spgs.			c. CITY OR TOWN El Dorado Spgs.		
c. FULL NAME OF (If NOT in hospital, give location) H. Summer St.			d. STREET ADDRESS (If outside, give location) H. Summer St.		
3. NAME OF DECEASED (Type or print) First Fred Middle Virgian Last Bailey			4. DATE OF DEATH Month 6 - Day 21 - Year 56		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 13, 1888	9. AGE (In years last birthday) 72	10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Lub. Decorator			11. BIRTHPLACE (City and state or country) Tammach, Neb.		
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13. FATHER'S NAME Francis M. Bailey		
14. MOTHER'S MAIDEN NAME Elizabeth Near			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		
16. SOCIAL SECURITY NO. 508-07-736			17. INFORMANT Tom Bailey - El Dorado Spgs. Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20f. CITY, TOWN, OR LOCATION			COUNTY STATE		
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 11 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) W. D. Swinn, Coroner 3			22b. ADDRESS El Dorado Springs, Mo.		22c. DATE SIGNED 6-22-56
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 6-25-56	23c. NAME OF CEMETERY OR CREMATORY El Dorado Spgs. Mem. Garden - Independence, Mo.	23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR H. W. Smith - El Dorado Spgs. Mo.			25. DATE RECD. BY LOCAL REG. 6-23-56		
26. REGISTRAR'S SIGNATURE George W. Hafner					

(Licensed Embosser's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 10 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....*Max W. Richer*

Licensed Embalmer No. *46*

P. O. Address *El Dorado*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.