FILED JUL 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20079

BIRTH NO. 45041-56 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 150

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
c. LENGTH OF STAY (in this place): 2 dyhrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moselle
d. STREET ADDRESS (If rural, give location): 0360

3. NAME OF DECEASED (Type or Print)
a. (First): Larry
b. (Middle):
c. (Last): Bailey

4. DATE OF DEATH (Month) July (Day) 12 (Year) 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 12, 1956
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours 1 / Min. 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James A. Bailey
13b. MOTHER'S MAIDEN NAME: Theresa Gassel
14. NAME OF HUSBAND OR WIFE: Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: James A. Bailey
ADDRESS: Moselle, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 65 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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: 776X
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* 7/12, 1956, *to* 7/12, 1956, *that I last saw the deceased alive on* 7/12, 1956, *and that death occurred at* 4:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Union Mo
23c. DATE SIGNED: 7/13/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-13-56
24c. NAME OF CEMETERY OR CREMATORY: Prospect Cemetery
24d. LOCATION (City, town, or county) (State): Lonedell, Mo.

DATE REC'D BY LOCAL REG.: 7/13/56
REGISTRAR'S SIGNATURE: F. C. Heidmann, G. L. C. Heidmann
25. FUNERAL DIRECTOR'S SIGNATURE: Casey + Lenox
ADDRESS: St. Clair, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Not Embalmed, Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed R. M. Lenot

Licensed Embalmer No. 3601

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.