

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 19 1956

42012

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 5630 Registrar's No. 195

| | | | | | | | |
|--|--|---|--|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Laclede</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Laclede</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon T. S.</u> | | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <u>Lebanon</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lebanon Rt. 3</u> | | | | Length of stay in lb | | d. STREET ADDRESS (If outside, give location) <u>Lebanon Rt. 2</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>W</u> Last <u>Bailey</u> | | | | 4. DATE OF DEATH Month <u>Dec.</u> Day <u>8</u> Year <u>1956</u> | | | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>May 22 1874</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 9. AGE (In years last birthday) <u>82</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Butler Tenn.</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13. FATHER'S NAME <u>John Bailey</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Loula Slimp</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Spanish American</u> | | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Mrs. W. W. Bailey, Lebanon Mo. Rt. 3</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypertensive Heart Disease</u> <u>& previous psychotic changes</u> 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) <u>Urinary Retention</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>443X</u> |
| 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 _____ a. m. _____ p. m. Month, Day, Year _____ | | | | | | | |
| 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 <u>10-15-1956</u> to <u>12-8-56</u> and last saw him alive on <u>12-7-56</u> Death occurred at <u>11:00</u> A. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>[Signature]</u> | | | | 22b. ADDRESS <u>Lebanon Mo</u> | | 22c. DATE SIGNED <u>12-10-56</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>12/11/56</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City</u> | | 23d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>S. R. Palmer</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>12-11-1956</u> | | 26. REGISTRAR'S SIGNATURE <u>Hella L. Hay</u> | |

(Licensed Embalmer's Statement on Reverse Side)

Received 12-17-56

Laclede County Health Unit

File No. 195

Date Filed 12-17-56

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed S. R. Palmer

Licensed Embalmer No. 3

P. O. Address Liberty

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.