

FILED MAR 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **4559**
758

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____					
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>Johnson</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Missouri</u>		c. LENGTH OF STAY (in this place) <u>22 days</u>		c. CITY OR TOWN <u>Warrensburg, Rura.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital.</u>				e. STREET ADDRESS (If rural, give location) <u>R.R. No. 1, Warrensburg, Mo.</u>							
3. NAME OF DECEASED (Type or Print) <u>VIDA</u>			a. (First)		b. (Middle)		c. (Last) <u>BAILE</u>				
4. DATE OF DEATH <u>February 14th, 1957</u>			Date (Month) (Day) (Year)								
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 9, 1897</u>		9. AGE (In years last birthday) <u>59</u>			
IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife,</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>			11. BIRTHPLACE (City and State or Foreign Country), <u>Algona County, Michigan</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>George Lunn</u>			13b. MOTHER'S MAIDEN NAME <u>Ida Stehl.</u>			14. NAME OF HUSBAND OR WIFE <u>Arthur H. Baile.</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mr. A.H. Baile, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr -</u>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Urinary tract of Escherichia coli</u>				DUE TO (c) <u>(Septic) Vag. Hypertension + Placenta</u>			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>631 X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Changes when, centrally + peripherally in nervous system</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) <u>2</u>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <u>1-23</u> , 19 <u>57</u> , to <u>2-14</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>2-14</u> , 19 <u>57</u> , and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE <u>Gerald L. Miller</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>400 Prof. Bldg. K.C. Mo.</u>			23c. DATE SIGNED <u>2/14/57</u>				
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>2-17-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>2-18-57</u>		REGISTRAR'S SIGNATURE <u>Reva Marshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W.A. Brauninger, Warrensburg, Mo.</u> ADDRESS _____						

(Licensed Embalmer's Statement on Reverse Side)

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

ms
1
9990

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 me..... Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R.A. Branning.....

Licensed Embalmer No. 337.....

P. O. Address Warrenburg.....

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.