No. 300
10-46

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Comeau 5615
State File No.

FILED FEB 25 1957

BIRTH NO. REG. DIST. NO. 242 PRIMARY REG. DIST. NO. 4362 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: NEW MADRID
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOREHOUSE
c. LENGTH OF STAY (In this place): 6 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IND.
b. COUNTY:
c. CITY OR TOWN: OAKLAND City 8130 6
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): ARTHUR
c. (Last): BAILEY

4. DATE OF DEATH (Month) (Day) (Year): 2-14-1957

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 12-19-1882
9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RET.
10b. KIND OF BUSINESS OR INDUSTRY: SALESMAN
11. BIRTHPLACE (City and State or Foreign Country): ILL
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: GEORGE BAILEY
13b. MOTHER'S MAIDEN NAME: ELIZABETH —
14. NAME OF HUSBAND/OR WIFE: EFFIE

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.: 312-24-1132
17. INFORMANT'S SIGNATURE OR NAME: Rev H.W. Bailey
ADDRESS: Morehouse 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) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Left hemiplegia — 5 days
DUE TO (c) Hypertension — years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 10 years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 334X
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) 2
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* Nov., 1956, *to* Feb, 1957, *that I last saw the deceased alive on* Feb 13, 1957, *and that death occurred at* 7:40 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Comeau M.D.
23b. ADDRESS: 207 N. Walnut Dexter
23c. DATE SIGNED: 2/14/57

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 2-14-1957
24c. NAME OF CEMETERY OR CREMATORY: MONTGOMERY
24d. LOCATION (City, town, or county) (State): OAKLAND City IND

DATE REC'D BY LOCAL REG.: 2-14-57
REGISTRAR'S SIGNATURE: Kathryn L. McBain
25. FUNERAL DIRECTOR'S SIGNATURE: Welch Funeral Home
ADDRESS: Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

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

517 0

FEB 26 1957

DATE RECEIVED FEB 18 1957
NEW MADRID CO. HEALTH CENTER
P. J. S.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by Not Embalmed, Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston

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