

FILED MAY 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
16623

Registration District No. **107** Primary Registration District No. **3019** Registrar's No. **68**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin ✓	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Clarkton 0350 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Dunklin County Memorial Hospital Length of stay in lb 9 days		d. STREET ADDRESS City (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First VIRGIL Middle PALFORD Last BAILEY			4. DATE OF DEATH Month May Day 13 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 8, 1895
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Huntington, Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Sebore Bailey	
14. MOTHER'S MAIDEN NAME Lela Williams		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. Unknown		17. INFORMANT Reginald Bailey, Clarkton, Mo. Address	
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 Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) 4201H			INTERVAL BETWEEN ONSET AND DEATH 10 min.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Carcinoma of rt. lung (Removed 1947) asthma.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 July 1951 to May 13, 1957 and last saw ^{her} him alive on May 13-57 Death occurred at 10:05 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Walter R. Peck M.D. (Degree or title)		22b. ADDRESS Kennett Mo	
22c. DATE SIGNED 5-17-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE May 15, 1957		23c. NAME OF CEMETERY OR CREMATORY Stanfield Cemetery	
23d. LOCATION (City, town, or county) Clarkton, Missouri		(State)	
24. FUNERAL DIRECTOR Landess Funeral Home, Campbell, Mo ADDRESS		25. DATE RECD. BY LOCAL REG. 5-18-57	
26. REGISTRAR'S SIGNATURE Carl Husband			

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

90-2

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 5-21-
COUNTY FILE NUMBER 557-

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

Student
Signature of Student Embalmer

Signed *Christina M. Lande*

Licensed Embalmer No. 42

P. O. Address *Camph*

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.