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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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XC 532 529
FILED JUL 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25913

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6818**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V. A. HOSPITAL		Length of stay in 11 Days	d. STREET ADDRESS 1201 Dolman (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First BUNYON Middle G. Last BAILEY			4. DATE OF DEATH Month 7 Day 19 Year 57		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/29/94	9. AGE (In years last birthday) 63 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Beefork, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Neel Bailey			14. MOTHER'S MAIDEN NAME Leddia Gallae		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-1		16. SOCIAL SECURITY NO. 498-10-4471	17. INFORMANT Address V. A. HOSPITAL RECCRS ST. LOUIS, MO.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF PROSTATE					INTERVAL BETWEEN ONSET AND DEATH 3 YRS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) -					
DUE TO (c) -					177x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PARAPLEGIA T-6 DUE TO METASTATIC CARCINOMA					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE		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	
VA		VA		7/19/57	
21. I attended the deceased from 7/8/57 to 7/19/57 and last saw him alive on 7/19/57 Death occurred at 12:45 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Westphaelinger		22b. ADDRESS VA HOSPITAL ST. LOUIS, MISSOURI		22c. DATE SIGNED 7/19/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. NAME OF CEMETERY OR CREMATORY WEST FORK CEMETERY		23c. LOCATION (City, town, or county) (State) WEST FORK, MO	
24. FUNERAL DIRECTOR C. Hofmeister Mortuaries 7814 S. Broadway		25. DATE RECD. BY LOCAL REG. JUL 22 57		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.	

(Licensed Embalmer's Statement on Reverse Side)

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 *Bice C. Barneo*

Licensed Embalmer No. *41*

P. O. Address *S. H. Lane*

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.