THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35093 STATE FILE NUMBER

FILED NOV 6 1957 Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 159

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harrisonville — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cass
c. CITY OR TOWN Harrisonville — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 905 E Pearl (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First BARBARA Middle LYNN Last BAILEY

4. DATE OF DEATH Month Oct Day 28 Year 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH Aug 1 1951

9. AGE (In years last birthday) 6 — 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) in School

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Independence Mo

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Wm W. Bailey Jr.

13b. MOTHER'S MAIDEN NAME Donna Derry

14. NAME OF HUSBAND OR WIFE ✓

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. NONE

17. INFORMANT Address Wm W. BAILEY JR Harrisonville Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Influenza with overwhelming Toxemia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 36 hours.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute otitis media (left) 481X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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 [ ] NOT WHILE AT WORK [ ]

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 1953 to 10-28-57 and last saw her/him alive on 10-28-57
Death occurred at 1:45 A m m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edward S. Jones (Degree or title) MD

22b. ADDRESS Harrisonville, Mo

22c. DATE SIGNED 10-29-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Oct 31 1957

23c. NAME OF CEMETERY OR CREMATORY Orient Cemetery

23d. LOCATION (City, town, or county) Harrisonville (State) Mo

24. FUNERAL DIRECTOR Ramm Myers ADDRESS Harrisonville Mo

25. DATE RECD. BY LOCAL REG. Oct 31 1957

26. REGISTRAR'S SIGNATURE Dora Barnard

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

. Health, & Welfare
. Public th Service
S. 300 q1 . 1-57 0

57 0

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 James R. Phillips

Licensed Embalmer No. 4641

P. O. Address Harrisonville

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.