Health, & Welfare Public Service

5. 300
1-57

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-006689
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 117

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN Sedalia — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital — Length of stay in Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN Sedalia — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS 400 [redacted] East 2nd (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First MARGARET Middle JANE Last GRAY

4. DATE OF DEATH Month Feb Day 10 Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH April 16 1866
9. AGE (In years last birthday) 91 — 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) Home
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Ohio
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME George Nelson Bailey
13b. MOTHER'S MAIDEN NAME Liza Dewey
14. NAME OF HUSBAND OR WIFE George

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Andy McMillen Address Kansas City Kan

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) STARVATION & DEHYDRATION
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) SENILE DEMENTIA.
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
CEREBRAL APOPLEXY MILD. 304X

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

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 DEC-18'57 to DEATH and last saw him alive on FEB 10, 1958
Death occurred at 7:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Karl B Gomer MD (Degree or title)
22b. ADDRESS Sedalia, Mo.
22c. DATE SIGNED 13 FEB '58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-18-58
23c. NAME OF CEMETERY OR CREMATORY Crown Hill
23d. LOCATION (City, town, or county) Sedalia (State) Mo

24. FUNERAL DIRECTOR McLaughlin Bros ADDRESS Sedalia
25. DATE RECD. BY LOCAL REG. 2-17-1958
26. REGISTRAR'S SIGNATURE Frances Shelby

(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.

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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 ...

Licensed Embalmer No. ...

P. O. Address ...

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.