

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020619

STATE FILE NUMBER

FILED JUN 6 1958 Registration District No. 328 Primary Registration District No. 6-11-8-6112 Registrar's No. 19

S. 300
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KELSO TWP. Inside Limits Yes ☐ No ☒		c. CITY OR TOWN CHAFFEE 10000 Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1/4 MI. EAST OF CHAFFEE Length of stay in 1b 4 YRS.		d. STREET ADDRESS (If outside, give location) RFD # 1 Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED First Middle Last ELZORA (NMN) BAILEY		4. DATE OF DEATH Month Day Year MAY 28, 1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH NOV. 2, 1869
9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.		6 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) PINCKNEYVILLE, ILL.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JACOB BYRD		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE CHAMPION CALVIN BAILEY			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT Address Edward BAILEY - Granite City, ILL.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Kidney Failure DUE TO (c) 593X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Extreme Malnutrition, Chronic		INTERVAL BETWEEN ONSET AND DEATH 2 week.	
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE WORK ☐ 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, 1958 to 28 May 58 and last saw her alive on 28 May 58 Death occurred at 6:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R E Jubbe, MD (Degree or title)		22b. ADDRESS 0111 E. Yankee St. Chaffee, Mo.	
22c. DATE SIGNED 29 May 58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAY 30, 1958	
23c. NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY		23d. LOCATION (City, town, or county) (State) THEBES ILLINOIS	
24. FUNERAL DIRECTOR ADDRESS BISPLINGHOFF FUNERAL HOME - CHAFFEE, MO.		25. DATE RECD. BY LOCAL REG. May 30, 1958	
26. REGISTRAR'S SIGNATURE Mrs. Fred Breplinghoff			

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED 5-2-58

SCOTT CO. HEALTH DEPT.

CO. FILE No. 558-128

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 Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Mo.

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.