

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022610
STATE FILE NUMBER

FILED JUL 15 1958 Registration District No. 215 Primary Registration District No. 5783 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Iberia		c. CITY OR TOWN Iberia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Richwoods twp		d. STREET ADDRESS (If outside, give location) Rt 2	
3. NAME OF DECEASED (Type or print) Robert E. Lee Bailey		4. DATE OF DEATH July 1, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH Nov 12, 1869
9. AGE (In years last birthday) 88		10. FUNDING 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	
11. BIRTHPLACE (City and state or country) Iberia, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Rufus Bailey		13b. MOTHER'S MAIDEN NAME Susan Stone	
14. NAME OF HUSBAND OR WIFE Delilah Burlingame		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 Alvis Bailey Iberia, 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) Congestive heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic Myocarditis DUE TO (c) 4221			INTERVAL BETWEEN ONSET AND DEATH 6 months years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriosclerosis (Generalized)			19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 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 1950 to July 1, 1958 and last saw him alive on June 23 1958 Death occurred at 5:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W.M. A. Gould DO (Degree or title)		22b. ADDRESS Iberia Mo	22c. DATE SIGNED 7/3/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/3/58	23c. NAME OF CEMETERY OR CREMATORY Jarrett	23d. LOCATION (City, town, or county) (State) Iberia, Mo
24. FUNERAL DIRECTOR Hedges Funeral Homes Inc Iberia, Mo		25. DATE RECD. BY LOCAL REG. July 2 - 1958	26. REGISTRAR'S SIGNATURE Jessie Perkins

(Licensed Embalmer's Statement of Reverse Side)

every corner, 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

MEDICAL CERTIFICATION

S. 300
1-57

660
1

75
0

RECEIVED

JUL 8 '58

Miller County
Health Department

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

Walter O. Hayes

Licensed Embalmer No. *426*

P. O. Address *Genie, 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.