

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024555

STATE FILE NUMBER

FILED JUL 28 1958

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 326

V. S. 300  
ev. 1-505

1. PLACE OF DEATH a. COUNTY <i>Boone</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> COUNTY <i>Cass</i>		
b. CITY OR TOWN <i>Columbia</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Pleasant Hill</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Univ. Med Center</i>		Length of stay in lb <i>10 days</i>	d. STREET ADDRESS (If outside, give location) <i>Route 3</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Rufus</i> Middle <i>Newton</i> Last <i>Bailey</i>			4. DATE OF DEATH Month <i>July</i> Day <i>23</i> Year <i>1958</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct 1, 1880</i>		9. AGE (In years last birthday) <i>77</i> 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) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>FARMER</i>	11. BIRTHPLACE (City and state or country) <i>Morgan Co. Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>United States</i>
13a. FATHER'S NAME <i>George Bailey</i>		13b. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>		14. NAME OF HUSBAND OR WIFE <i>MARY WILSON</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>UNKNOWN</i>	17. INFORMANT <i>MRS HAZEL ROSS</i> Address <i>INDEP, MO.</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i>					INTERVAL BETWEEN ONSET AND DEATH <i>&lt; 48 hours</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Unknown cause</i> <i>4201F</i>					<i>a) &lt; 48 hours</i>
DUE TO (c) <i>Obstructive atelectasis; 25% 2nd &amp; 3rd body burns</i>					<i>b) 11 days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			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 <input type="checkbox"/> 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.) <i>to</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>July 14th</i> to <i>July 23rd</i> and last saw <sup>her</sup> him alive on <i>July 23rd</i> . Death occurred at <i>3:55</i> p m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Earl J. Wampler, Jr., M.D.</i>			22b. ADDRESS <i>H. of Missouri Medical Center</i>		22c. DATE SIGNED <i>7-23-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Amoval</i>		23b. DATE <i>23-7-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>B. &amp; Rock Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Morgan County, Mo</i>
24. FUNERAL DIRECTOR ADDRESS <i>W. F. Howell - Versailles Mo</i>			25. DATE RECD. BY LOCAL REG. <i>July 23 1958</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. R. E. Palmer</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

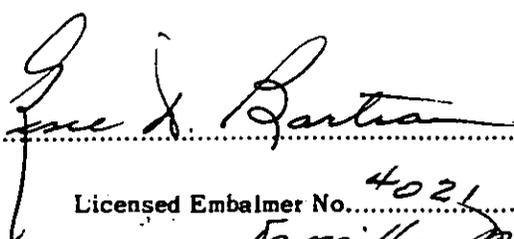
MEDICAL CERTIFICATION

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.

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. 4021.....

P. O. Address Versailles, 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.