

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028051  
STATE FILE NUMBER

FILED SEP 2 1958		Registration District No. 1	Primary Registration District No. 3000	Registrar's No. 270
1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Linn		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Browning, Mo	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim-Smith Hospital		Length of stay in lb 2 days	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Herbert Columbus Bailey			4. DATE OF DEATH Month Day Year 8 15 58	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-28-83	9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY Hardware	11. BIRTHPLACE (City and state or country) Sullivan County Mo	12. CITIZEN OF WHAT COUNTRY? United States
13a. FATHER'S NAME John Milton Bailey		13b. MOTHER'S MAIDEN NAME Martha J. Johnson	14. NAME OF HUSBAND OR WIFE Letha Genevieve Bailey	
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. 500367706	17. INFORMANT Letha G. Bailey, Browning, 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) <u>Acute Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 mins</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Auricular fibrillation</u>			<u>2 months</u>	
DUE TO (c) <u>Arteriosclerotic heart disease</u>			<u>2 years?</u>	
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>7-14-58</u> to <u>8-15-58</u> and last saw <sup>him</sup> <u>8-15-58</u> alive on <u>8-15-58</u> Death occurred at <u>8:00 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>J. J. Jones</i> (Degree or title)		22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 8-21-58
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial	23b. DATE 8-19-58	23c. NAME OF CEMETERY OR CREMATORY Hover	23d. LOCATION (City, town, or county) (State) Browning Rural Mo.	
24. FUNERAL DIRECTOR Wade Funeral Home		ADDRESS Browning, Mo	25. DATE RECD. BY LOCAL REG. 8-26-58	26. REGISTRAR'S SIGNATURE <i>Doris W. Ratliff</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 stated. All diseases in Part I must be causally related.

AUG 2 1962

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 *Gerald J. Wade* .....

Licensed Embalmer No. *4172* .....

P. O. Address *Brown* .....

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.