

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028718
STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 115-116 Primary Registration District No. 3000 Registrar's No. 228

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON		c. CITY OR TOWN SULLIVAN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSP.		d. STREET ADDRESS (If outside, give location) ELIZABETH ST.	

3. NAME OF DECEASED (Type or print) First Middle Last EARL BLANCHER BAILEY			4. DATE OF DEATH Month Day Year AUGUST 31 1958		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH MAY 19 1905	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days Hours Min. 3 12	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DEPUTY SHERIFF	10b. KIND OF BUSINESS OR INDUSTRY OFFICER	11. BIRTHPLACE (City and state or country) SPRINGBLUFF, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME SILAS EUGENE BAILEY	13b. MOTHER'S MAIDEN NAME SARAH HELM	14. NAME OF HUSBAND OR WIFE DIVORCED
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) YES WW II	16. SOCIAL SECURITY NO. 488-07-230	17. INFORMANT Address DOROTHY UNDERWOOD, LOWDEN, IOWA
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 15 Mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Hypertensive cardio-vascular renal DUE TO (c) hypertension		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in Part I. 442X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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"/> NOT WHILE WORK <input type="checkbox"/> 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 **4/10/56** to **Aug 31, 1958** and last saw him alive on **Aug 31, 1958**
Death occurred at **10:45 P** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Dwight or title) Deta'ave Hill	22b. ADDRESS Sullivan, Mo 9/2/58	22c. DATE SIGNED 9/2/58
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23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE SEPT. 3, 1958	23c. NAME OF CEMETERY OR CREMATORY JEFFERSON BARRACKS NATIONAL CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS MO.
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24. FUNERAL DIRECTOR H. H. H. Sullivan, Mo.	25. DATE RECD. BY LOCAL REG. 9/2/58	26. REGISTRAR'S SIGNATURE J. P. Sullivan, Registrar
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Secretary, coroner, etc., must use only standard manufacturer in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

SEP 10 1958

800 8 40H

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 *J. A. Dempsey*

Licensed Embalmer No. *4772*

P. O. Address *Sullivan, 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.