

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035194

STATE FILE NUMBER

FILED OCT 14 1958

Registration District No.

325

Primary Registration District No.

611-3073

Registrar's No.

32

1
300
1-57

1. PLACE OF DEATH a. COUNTY SCOTT			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY ALEXANDER		
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) KELSO TWP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN THEBES		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RED#1 CHAFFEE, Mo		Length of stay in 1b 1 MONTH	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last COLUMBUS LOREN BAILEY			4. DATE OF DEATH Month Day Year OCT. 5, 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 6, 1885		9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINE WATCHMAN (RET.)		10b. KIND OF BUSINESS OR INDUSTRY C. & E. T. Rwy. Co.	11. BIRTHPLACE (City and state or country) PINCKNEYVILLE, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME CHAMPION CALVIN BAILEY		13b. MOTHER'S MAIDEN NAME ELZORA BYRD		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 708-12-0818	17. INFORMANT Address Eddie Bailey - GRANITE CITY, ILLINOIS		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Vascular Collapse					INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) medullary Failure					12 hrs.
DUE TO (c) Lymphatic Leukemia					2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchial Asthma					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 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 10-4-58 to 10-4-58 and last saw him alive on 10-4-58 Death occurred at 1:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) H. H. Hehmer, D.O.			22b. ADDRESS Chaffee, Mo.		22c. DATE SIGNED 10/5/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Oct. 6, 1958	23c. NAME OF CEMETERY OR CREMATORY ROSE HIBB CEMETERY		23d. LOCATION (City, town, or county) (State) THEBES ILLINOIS	
24. FUNERAL DIRECTOR ADDRESS BIRPBLINGHOFF FUNERAL HOME - CHAFFEE MO.		25. DATE RECD. BY LOCAL REG. Oct. 2 58	26. REGISTRAR'S SIGNATURE Mrs Fred Birpblinghoff		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

OCT 24 1958

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.