

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035246
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 353 Primary Registration District No. 6196 Registrar's No. 24

70
3001
1-57

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sherrell twp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Licking</u> 1070
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lifeline</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>East of Licking</u>
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Catherine M. Bailie</u>			4. DATE OF DEATH Month Day Year <u>Oct 8, 1958</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6-20-1896</u>	9. AGE (In years last birthday) <u>62</u>
IF UNDER 1 YEAR		IF UNDER 24 HRS.		
Months	Days	Hours	Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Texas Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>J. W. Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Shupp Beasley</u>		14. NAME OF HUSBAND OR WIFE <u>Clarence Bailie</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no. or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. 17. INFORMANT <u>Lily Bailie Licking Mo</u>		

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>cardiac + pulmonary arrest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>pulmonary embolism</u>	
	DUE TO (c) <u>cardiovascular renal disease</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>thrombophlebitis of rt leg</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

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 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
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21. I attended the deceased from Sept 1, 1957 to Oct 8, 1958 and last saw her alive on Oct 7, 1958
Death occurred at 2:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>B. J. Myers DO</u> (Degree or title)	22b. ADDRESS <u>Licking, Mo</u>	22c. DATE SIGNED <u>10-10-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Oct 12, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Williams</u>	23d. LOCATION (City, town, or county) (State) <u>Texas Co Mo</u>
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FUNERAL DIRECTOR <u>Smith & Ferguson, Licking, Mo</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Oct. 11, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Elvora Hesse</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

to symptoms with or without

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 *Hubert Ferguson*
Licensed Embalmer No. *3945*
P. O. Address *Laurel*

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.