

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047205
STATE FILE NUMBER

Registration District No. 255 Primary Registration District No. 4387 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Oregon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Alton Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in 1b Lifetime

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Oregon
c. CITY OR TOWN Alton 0758 Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last George W. Bailey
4. DATE OF DEATH Month Day Year December 3, 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH Jan. 21, 1870
9. AGE (In years last birthday) 88 F UNDER 1 YEAR Months Days HOURS Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Alton, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Harve Bailey
13b. MOTHER'S MAIDEN NAME Polly Warren
14. NAME OF HUSBAND OR WIFE Josie Bailey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Dow Norman, Alton, Missouri Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) *Hyperextension of neck - dislocation of vertebrae*
DUE TO (b) *Stroke left big*
DUE TO (c) *Smoking*
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in Part I (a) 9049H 47
19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE
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 NOT WHILE AT WORK
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION 333 COUNTY STATE
21. I attended the deceased from Dec 15 9:00 to Dec 3 1958 and last saw her alive on Dec 3 1958
Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] M.D.
22b. ADDRESS [Address] on
22c. DATE SIGNED 12/5/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-5-1958
23c. NAME OF CEMETERY OR CREMATORY Bailey Chapel Cemetery
23d. LOCATION (City, town, or county) (State) Oregon County, Missouri

24. FUNERAL DIRECTOR [Signature] ADDRESS [Address]
25. DATE RECD. BY LOCAL REG. Jan-30-59
26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

3
1

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 *[Handwritten Signature]*

Licensed Embalmer No. *4576*

P. O. Address *[Handwritten Address]*

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.