

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002347

STATE FILE NUMBER

JAN FEB 2 1959

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

46

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		c. CITY OR TOWN Sedalia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 322 W. 5th.		d. STREET ADDRESS (If outside, give location) 322 W. 5th.	
3. NAME OF DECEASED (Type or print) First Middle Last BERT LEE BAILEY		4. DATE OF DEATH Month Day Year Jan. 28, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 8, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Home Builders	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William E. Bailey		13b. MOTHER'S MAIDEN NAME Emma McMurdo	14. NAME OF HUSBAND OR WIFE Never Married
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) Yes W.W. #1		17. INFORMANT Address Mrs. Pearl Hall 807 E. 6th. Sedalia, 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) Coronary infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gen. Arterio Sclerosis DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 13 months
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 <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 12/11/59 to 1-28-59 and last saw him alive on 1-28-59 Death occurred at 2:30 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. E. Boger M.D.		22b. ADDRESS Sedalia Mo	22c. DATE SIGNED 1-28-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 30, 59	23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	23d. LOCATION (City, town, or county) (State) Sedalia, Missouri
24. FUNERAL DIRECTOR ADDRESS D. W. Heckart Sedalia, Mo.		25. DATE RECD. BY LOCAL REG. Jan 29 1959	26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmers Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Local, Coroner, etc. must use only standard nomenclature in Part I. All diseases in Part I must be causally related.

1959 FEB 9
1959 MAR 3

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 

Licensed Embalmer No. 5063

P. O. 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.