

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008358
STATE FILE NUMBER

ELIZO APR 10 1959

Registration District No.

27

Primary Registration District No.

3005

Registrar's No.

46

1. PLACE OF DEATH

a. COUNTY

Bates

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Butler

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Butler Memorial Hospital 12 hrs

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Bates

c. CITY
OR
TOWN

Rockville

00700

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

Charles

Hunter

Bailey

4. DATE
OF
DEATH

Month

Day

Year

Apr-1-1959

5. SEX

M

6. COLOR OR RACE

7. MARRIED ☐ NEVER MARRIED ☒

WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

Mar-3-1883

9. AGE (In years
last birthday)

76

10. FUNDING YEAR

IF UNDER 24 HRS.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Stockman

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (City and state or country)

Bates County, Missouri

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Wright Bailey

13b. MOTHER'S MAIDEN NAME

Fannie Stephenson

14. NAME OF HUSBAND OR WIFE

Address Butler, Mo.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

498-40-0493

17. INFORMANT

Mrs Joe Pratt 512 N Delaware

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic Intestinal nephritis

INTERVAL BETWEEN
ONSET AND DEATH

2 years

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Generalized arteriosclerosis 2 years

DUE TO (c)

Paratyphoid hemorrhage 6 mos

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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

a.m.

p.m.

20d. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

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
Death occurred at

July 7, 1918, to Apr. 1, 1959
3:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

and last saw her alive on

Apr. 1, 1959

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Butler, MO

22c. DATE SIGNED

4/1/59

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

4-1-1959

23c. NAME OF CEMETERY OR CREMATORY

Appleton City Cemetery

23d. LOCATION (City, town, or country)

Appleton City

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Melvin L. Janssens, Appleton City

April-1-1959

Kendall Kurray

(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.

APR 21 1959
APR 22 1959

MAY 11 1959

MAY 23 1959

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 *Melvin L. Janssen*

Licensed Embalmer No. *4529*

P. O. Address *Appleton City*

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.