

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009262

STATE FILE NUMBER
1522

FILED APR 8 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3611 Fremont		Length of stay in lb 40 yrs.	d. STREET ADDRESS (If outside, give location) 3611 Fremont Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Alfred Middle H. Last Bailey			4. DATE OF DEATH Month Mar. Day 22 Year 1959
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/22/1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Stephens Chandelier	11. BIRTHPLACE (City and state or country) Walula, Kans.
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME William B. Bailey	
13b. MOTHER'S MAIDEN NAME Minnie Lee Stout		14. NAME OF HUSBAND OR WIFE Ruth Bailey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service) Yes World War one		16. SOCIAL SECURITY NO. 487-05-9645	17. INFORMANT Ruth Bailey-K.C., Mo. Address 3611 Fremont
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 Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 3-4 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) coronary atherosclerosis			5-6 yrs
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) Severe Essential hypertension - 15 yrs.			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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION	
20f. COUNTY STATE		20g. DATE SIGNED	
21. I attended the deceased from 1954 to Mar. 22, 59 and last saw him alive on Mar. 20 1959 Death occurred at 11:30 a.m. March 22 1959 on the date stated above; and to the best of my knowledge, from the causes stated.		22. DATE SIGNED 3-23-59	
22a. SIGNATURE (Degree or title) Raymond W O'Brien MD		22b. ADDRESS 4620 J.C. Nichols Hwy K.C., Mo	
23a. BURIAL (CREMATION, REMOVAL) (Specify) burial		23b. DATE 3/25/59	23c. NAME OF CEMETERY OR CREMATORY Green Lawn
23d. LOCATION (City, town, or county) Kansas City		23e. STATE Mo.	
24. FUNERAL DIRECTOR Earp & Sons Mortuary-K.C., Mo.		25. DATE RECD. BY LOCAL REG. 3-24-59	26. REGISTRAR'S SIGNATURE neva minshall

(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.

Raymond W.O'Brien



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 *John B. Corp*
Licensed Embalmer No. *2955*
P. O. Address *H.C. 940*

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.