

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012625

STATE FILE NUMBER

FILED MAY 13 1959

Registration District No.

59

Primary Registration District No.

Registrar's No.

83

|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                          |                                                                                                                                                                 |                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <i>Cass</i>                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <i>Missouri</i> b. COUNTY <i>Cass</i>                         |                                                                        |
| b. CITY OR TOWN <i>Rural Benton Twp</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                         |                                                                                          | c. CITY OR TOWN <i>Rural Campbell Twp</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                     |                                                                        |
| c. FULL NAME OF (If NOT in hospital, give location of HOSPITAL OR INSTITUTION) <i>Placentine Rest Home</i> Length of stay in hospital <i>8 months</i>                                                                                                                                                                                                                                                                                             |                                                                                          | d. STREET ADDRESS (If outside, give location) <i>4 mi E of Harrisonville</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                                                                        |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><i>DELLA MOORE BAILEY</i>                                                                                                                                                                                                                                                                                                                                                             |                                                                                          | 4. DATE OF DEATH Month Day Year<br><i>May 4 1959</i>                                                                                                            |                                                                        |
| 5. SEX <i>Female</i>                                                                                                                                                                                                                                                                                                                                                                                                                              | 6. COLOR OR RACE <i>White</i>                                                            | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>        | 8. DATE OF BIRTH <i>Apr 26 1869</i>                                    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>                                                                                                                                                                                                                                                                                                                                      |                                                                                          | 10b. KIND OF BUSINESS OR INDUSTRY                                                                                                                               |                                                                        |
| 11. BIRTHPLACE (City and state or country) <i>Wilton Iowa</i>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          | 12. CITIZEN OF WHAT COUNTRY? <i>USA</i>                                                                                                                         |                                                                        |
| 13a. FATHER'S NAME <i>Andrew J Moore</i>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                          | 13b. MOTHER'S MAIDEN NAME <i>Christie</i>                                                                                                                       |                                                                        |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>                                                                                                                                                                                                                                                                                                                               |                                                                                          | 16. SOCIAL SECURITY NO. <i>NONE</i>                                                                                                                             |                                                                        |
| 17. INFORMANT <i>Perry Bailey</i>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          | Address                                                                                                                                                         |                                                                        |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Compound's Fracture Left Femur</i><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                                                                                          |                                                                                                                                                                 | 19. INTERVAL BETWEEN ONSET AND DEATH <i>3 weeks</i>                    |
| 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 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 <i>019</i> COUNTY STATE                   |
| 21. I attended the deceased from <i>Dec 1957</i> to <i>May 4 1959</i> and last saw her alive on <i>May 4 1959</i><br>Death occurred at <i>7 AM</i> on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                             |                                                                                          |                                                                                                                                                                 |                                                                        |
| 22a. SIGNATURE <i>J. Moody MD</i> (Degree or title)                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          | 22b. ADDRESS <i>HARRISONVILLE MO</i>                                                                                                                            |                                                                        |
| 22c. DATE SIGNED <i>5-7-59</i>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          |                                                                                                                                                                 |                                                                        |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>                                                                                                                                                                                                                                                                                                                                                                                           | 23b. DATE <i>May 6 1959</i>                                                              | 23c. NAME OF CEMETERY OR CREMATORY <i>Oakland Cemetery</i>                                                                                                      | 23d. LOCATION (City, town, or county) <i>Harrisonville Mo.</i> (State) |
| 24. FUNERAL DIRECTOR <i>Plummerburgers Harrisonville</i> ADDRESS                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          | 25. DATE RECD. BY LOCAL REG. <i>5-6-59</i>                                                                                                                      |                                                                        |
| 26. REGISTRAR'S SIGNATURE <i>Mr. Ray Seabee</i>                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                          |                                                                                                                                                                 |                                                                        |

(Licensed Embalmers Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

# 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 Frank E. Kunnenhuger 3rd, Student Embalmer No. 568 working under my personal supervision.

Student Frank E. Kunnenhuger 3rd Signed James R. Phillips  
Signature of Student Embalmer

Licensed Embalmer No. 4641

P. O. Address Harrisonville

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.