

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017105

STATE FILE NUMBER

FILED MAY 20 1959

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 67

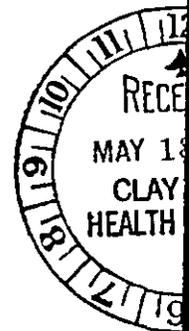
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1-57

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Lexington Lafayette</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>200 E. Hospital Bldg.</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>200 E. Hospital Bldg.</u>
3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>EUGENE</u> Last <u>BAILEY</u>		4. DATE OF DEATH Month <u>May</u> Day <u>9</u> Year <u>59</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 27, 1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (City and state or country) <u>Lexington MO.</u>
13a. FATHER'S NAME <u>Thomas C. Bailey</u>		13b. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Joe Bailey</u> Address <u>Wellington, MO.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Inquisition from C. Stouckach</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ 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 <u>1 year</u>
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. _____		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Feb. 3 1959</u> and last saw him alive on <u>May 8 1959</u> Death occurred at <u>May 9 12:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Wm. H. Goodson</u> (Degree or title)		22b. ADDRESS <u>Liberty, MO</u>	22c. DATE SIGNED <u>5/9/59</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-11-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenton Cemetery</u>	23d. LOCATION (City, town, or county) <u>Odessa MO</u>
24. FUNERAL DIRECTOR <u>Husman - Sparks</u> ADDRESS <u>Odessa, MO</u>		25. DATE RECD. BY LOCAL REG. <u>5-14-59</u>	26. REGISTRAR'S SIGNATURE <u>Mabel Graham</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE. IF POSSIBLE MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

6961 S NNP



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 *William T. Sparks*

Licensed Embalmer No. *4431*

P. O. Address *Osceola*

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.