

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-020363

FILED JUL 13 1959

Registration District No. 27 Primary Registration District No. 4035 Registrar's No. 81

STATE FILE NUMBER

MEMENDED

1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Bates			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rockville		Length of stay in 1b 58 yrs		c. CITY OR TOWN Rockville		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION South West Part of City		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Ada Middle JANE Last Bailey				4. DATE OF DEATH Month July Day 6 Year 1959			
5. SEX F	6. COLOR OR RACE W	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH Sept-30-1868	9. AGE (last birthday) 90 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state of country) Memphis, Tenn.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Larkin Butler		13b. MOTHER'S MAIDEN NAME Mary Messick		14. NAME OF HUSBAND OR WIFE Gidden Bailey			
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. None		17. INFORMANT Pearl Hoyt, Rockville 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) Congestive Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. arteriosclerosis DUE TO (b) 1 yr. DUE TO (c) 20 yrs.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown	
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. Hour 5:00 p.m. Month, Day, Year Jan. 15, 1948	20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 Jan. 15, 1948 to July 6, 1959 and last saw her alive on July 6, 1959 . Death occurred at July 6, 1959, 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE M. C. Biske P.O.		(Deed or title)		22b. ADDRESS Rockville, Mo.		22c. DATE SIGNED 7/6/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July-9-1959		23c. NAME OF CEMETERY OR CREMATORY Rockville Cemetery		23d. LOCATION (City, town, or county) Rockville, Mo.	
24. FUNERAL DIRECTOR Melvin L. Janssens		ADDRESS Appleton City		25. DATE RECD. BY LOCAL REG. July-7-1959		26. REGISTRAR'S SIGNATURE Rendell Murray	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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. Jansson

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.