

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021803

FILED JUL 7 1959 Registration District No. 146 Primary Registration District No. 3026 STATE FILE NUMBER 302 Registrar's No. 302

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Independence</i>		c. CITY OR TOWN <i>Independence</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Rest Haven</i>		STREET ADDRESS <i>1025 West Waldo</i>	
Length of stay in lb <i>23 years</i>		Reside on Farm <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>John</i> Middle <i>William</i> Last <i>Alexander Bailey</i>			4. DATE OF DEATH Month <i>June</i> Day <i>26</i> Year <i>1959</i>		
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5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 13, 1877</i>	9. AGE (In years) <i>82</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>	IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired minister</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>R.L.D.S. Church Staunton, Virginia</i>	11. BIRTHPLACE (City and state or country) <i>U.S.A.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>John Bailey</i>	13b. MOTHER'S MAIDEN NAME <i>unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Anna B. Bailey</i>
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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>Mrs Anna B. Bailey</i> Address <i>Independence, Missouri</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Terminal pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 hours</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>a. Atherosclerotic Cardiovascular disease</i> <i>yes</i>	
	DUE TO (c)	

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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour <i>10:20</i> a.m. <i>p.</i> Month, Day, Year	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <i>Independence, Mo</i>	COUNTY <i>Mo</i>	STATE <i>Mo</i>
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20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <i>Independence, Mo</i>	COUNTY <i>Mo</i>	STATE <i>Mo</i>
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21. I attended the deceased from *1943* to *6/26/59* and last saw *him* alive on *6/26/59*  
Death occurred at *10:20 p* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) <i>Vance E. Litch, M.D.</i>	22b. ADDRESS <i>10901 Union Rd Independence, Mo</i>	22c. DATE SIGNED <i>6/30/59</i>
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23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <i>Burial</i>	23b. DATE <i>June 30, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mound Grove</i>	23d. LOCATION (City, town, or county) (State) <i>Independence, Mo.</i>
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24. FUNERAL DIRECTOR <i>Roland R. Speaks</i> ADDRESS <i>Independence, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>6-30-59</i>	26. REGISTRAR'S SIGNATURE <i>Vance E. Litch</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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MS SEP 16 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 ..... *Rollin Fessel*

Licensed Embalmer No. *4690*

P. O. Address *Indep. Mo*

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.