

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS JUL 20 1959

**59-023973**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 3000 Registrar's No. 210

1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kirksville</u>			Length of stay in 1b <u>2 days</u>		c. CITY OR TOWN <u>Mexico</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED (If NOT in hospital, give location) <u>Elm Courts, Junction 6 &amp; 63 North</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>216 E. Boulevard</u>	
3. NAME OF DECEASED (Type or print) First <u>Arthur</u> Middle <u>Tillman</u> Last <u>Bailey</u>						4. DATE OF DEATH Month <u>July</u> Day <u>11</u> Year <u>1959</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6-11-05</u>	
				9. AGE (last birthday) <u>54</u>		IF UNDER 1 YEAR Months _____ Days _____	
						IF UNDER 24 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supt. Power Plant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Power &amp; Light</u>		11. BIRTHPLACE (City and state or country) <u>Shelby Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Eugene A. Bailey</u>			13b. MOTHER'S MAIDEN NAME <u>Wina May O'Donnell</u>			14. NAME OF HUSBAND OR WIFE <u>Sallie Johnson Bailey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>			16. SOCIAL SECURITY NO. <u>190-09-5054</u>		17. INFORMANT <u>Mrs. Sallie Bailey, Mexico, Mo.</u>		Address <u>216 E. Blvd.</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>Coronary Occlusion</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 COUNTY _____ STATE _____	
21. I attended the deceased from <u>1956</u> to <u>1959</u> and last saw him alive on <u>11th July 1959</u> . Death occurred at <u>App. 3:05 am</u> m on the date stated above, and to the best of my knowledge from the causes stated.							
22a. SIGNATURE <u>[Signature]</u> (Degree or title)				22b. ADDRESS <u>Kirkville Mo.</u>		22c. DATE SIGNED <u>11 July 1959</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>7-12-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Jefferson City, Missouri</u>	
24. FUNERAL DIRECTOR <u>Novak &amp; Foster</u> ADDRESS <u>Kirksville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>7-12-1959</u>		26. REGISTRAR'S SIGNATURE <u>Doris W. Pettif</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

18 18 18

MS MAY 12 1960

J. J. Wines, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Novat E. Foster

Licensed Embalmer No. 4742  
P. O. Address Kirksville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to  
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.