

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024440

FILED VS AUG 12 1959 59

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 131

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Massachusetts</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Rural Grandview Twp</u>		Length of stay in 1b <u>3 years</u>		c. CITY OR TOWN <u>Peculiar</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 mi West of Harrisonville</u>				d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>ADA</u> Middle <u>P.</u> Last <u>BAILEY</u>				4. DATE OF DEATH Month <u>Aug</u> Day <u>3</u> Year <u>1959</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH <u>Aug 5 1875</u>	
9. AGE (last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Cass Co Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Andrew J. Phillips</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie C. York</u>		14. NAME OF HUSBAND OR WIFE <u>Wiley Frank Bailey</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>Mrs. Grover C. Wilcox</u> Address <u>Peculiar 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>BRONCHOPNEUMONIA</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ENCEPHALOMALACIA & CEREBRAL ARTERIO-SCLEROSIS</u>							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 _____ a.m. _____ p.m. Month, Day, Year _____		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 <u>1956</u> to <u>AUG 3 1959</u> and last saw her alive on <u>AUG. 2 1959</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>H. Wood</u> (Print or title)				22b. ADDRESS <u>HARRISONVILLE Mo</u>		22c. DATE SIGNED <u>8-5-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Aug 6 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>West Union Cemetery</u>		23d. LOCATION (City, town, or county) <u>Peculiar Mo.</u>	
24. FUNERAL DIRECTOR <u>Pannenburg's Harrisonville Mo</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>8-5-1959</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Gay Sebrer</u>	

(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
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James R. Phillips

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.