

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 20 1959 *93*

59-024604

Registration District No. _____ Primary Registration District No. _____ Registrar's No. *59-57* STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN North twp.		c. CITY OR TOWN Lockwood	
Length of stay in 1b 13 years		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5mi. W. of Arcola		d. STREET ADDRESS (If outside, give location) Route #2	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Thomas Middle Benton Last Bailey			4. DATE OF DEATH Month July Day 12 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-20-1882	9. AGE (last birthday) 76	10. UNDER 1 YEAR IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Cedar Co., Mo.		
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Ben Bailey		13b. MOTHER'S MAIDEN NAME Mary Brown		
13c. NAME OF HUSBAND OR WIFE Ella 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 Mrs. Ella Bailey; Lockwood, Mo.		Address R#2				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of rectum		INTERVAL BETWEEN ONSET AND DEATH
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)		

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 _____ s.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 **3-1-59** to **7-12-59** and last saw him alive on **7-10-59**
 Death occurred at **4:35** **a.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. O. Cowan M.D.		22b. ADDRESS Greenfield, Mo.		22c. DATE SIGNED 7-13-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-14-1959		23c. NAME OF CEMETERY OR CREMATOR Hickory Grove Cem. Dade County, Mo.	
23d. LOCATION (City, town, or county) _____		(State) _____			

24. FUNERAL DIRECTOR J. C. Canada, Greenfield, Mo.		ADDRESS _____		25. DATE RECD. BY LOCAL REG. July 13, 1959	
26. REGISTRAR'S SIGNATURE J. C. Canada					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 2 1 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. C. Canada

Licensed Embalmer No. 4196
P. O. Address Greenfield

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.