

8 FILED VS AUG 5 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-025816

STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. Registrar's No. 66

S. 300  
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Canton		c. CITY OR TOWN Canton	
c. FULL NAME OF (IF NOT in hospital, give location) At home		d. STREET ADDRESS 447 1/2 Clark	
3. NAME OF DECEASED (Type or print) Margaret Elizabeth Bailey		4. DATE OF DEATH July 25, 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 29, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Evansville, Ind.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Tretter		13b. MOTHER'S MAIDEN NAME Lena Betag	14. NAME OF HUSBAND OR WIFE Walter E. 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. Francis Frazee, Canton, 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) Pulmonary Edema Myocardial Failure 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)			INTERVAL BETWEEN ONSET AND DEATH 7 days 3 Months
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 Death occurred at 7:40 P.M. Jan-2-59 to July 25-59 and last saw her alive on July 25-59			
22a. SIGNATURE Francis Frazee		22b. ADDRESS CANTON MO	22c. DATE SIGNED July 26-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-28-'59	23c. NAME OF CEMETERY OR CREMATORY Forest Grove Cemetery	23d. LOCATION (City, town, or county) (State) Canton, Lewis Co. Mo.
24. FUNERAL DIRECTOR Carl J. Baskley, Canton, Mo.		25. DATE RECD. BY LOCAL REG. 8-1-'59	26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd

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STATEMENT BY LICENSED EMBALMER

MAR 29 1960

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 *Earl H. Buckley* .....

Licensed Embalmer No. *7615* .....

P. O. Address *Central 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.