

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004970

FILED VS. FEB 17 1960 4

Primary Registration District No.

Registrar's No. 136

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rock-Port mo</u>		Length of stay in 1b	c. CITY OR TOWN <u>Rock-Port mo</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Minnie</u> Middle <u>Sliger</u> Last <u>Bailey</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>5</u> Year <u>1960</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> (Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 12 1868</u>	9. AGE (last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>23</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Atchison Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>Jesse Sliger</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Proudfoot</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas M. Bailey (deceased)</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>no</u>		17. INFORMANT <u>Mrs. George Bretlow - Rock-Port Mo</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> <u>15 yrs</u> <u>20 yrs</u>
IMMEDIATE CAUSE (a)	<u>arteriosclerosis hypertensive heart</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>arteriosclerosis, coronary atherosclerosis</u>	
DUE TO (b)	<u>arteriosclerosis generalized</u>	
DUE TO (c)		
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.
<u>several disability of aged</u>		<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 <u></u> Month, Day, Year <u></u>	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 1947 to Feb 5, 1960 and last saw her live on Feb 5, 1960
Death occurred at 12:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Emmett A. Little M.D.</u>		22b. ADDRESS <u>Rock-Port Mo</u>		22c. DATE SIGNED <u>2-5-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb-8-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenhill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Rock-Port mo</u>	
24. FUNERAL DIRECTOR <u>Bertram Funeral Home - mo</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 11, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Tharvin H. Schoeler</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 B. E. Denton

Licensed Embalmer No. 1764

P. O. Address Rocky Ford

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