

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007412

FILED VS FEB 23 1960 251

Primary Registration District No. 3048

Registrar's No. 37

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Nodaway					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		Length of stay in 1b 3 days		c. CITY OR TOWN Maryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 820 South Fillmore		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First IRA Middle A. Last BAILEY				4. DATE OF DEATH Month 2 Day 15 Year 60					
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 6/28/79	9. AGE (last birthday) 80	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) Letter Carrier-retired			10b. KIND OF BUSINESS OR INDUSTRY U. S. Government		11. BIRTHPLACE (City and state or country) Maryville, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME John W. Bailey			13b. MOTHER'S MAIDEN NAME Elizabeth Ann Pierpoint			14. NAME OF HUSBAND OR WIFE Bailey Minnie Boatwright			
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.		17. INFORMANT Address Mrs. Ira T. Bailey, Maryville, 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) Cerebral embolism							INTERVAL BETWEEN ONSET AND DEATH 4 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension C.V.P. Disease							25 yrs		
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. <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 1950 to 2/15/60 and last saw him alive on 2-15-60 Death occurred at 11:30 P. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) M. D.				22b. ADDRESS Maryville, Missouri				22c. DATE SIGNED 2/17/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 2/18/60	23c. NAME OF CEMETERY OR CREMATORY Miriam		23d. LOCATION (City, town, or county) (State) Maryville, Missouri				
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.				25. DATE RECD. BY LOCAL REG. 2-17-60		26. REGISTRAR'S SIGNATURE Bess Holt			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF funeral director

MEDICAL CERTIFICATION

7AS 7 1966

NOV 29 1966

STATEMENT BY LICENSED EMBALMER

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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 Curtis E. Hensley

Licensed Embalmer No. 4974

P. O. Address Marquiseville

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.