

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007893

FILED VS MAR 7 1960

Registration District No. Primary Registration District No. Registrar's No. 2 1837 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Missouri.</b>		a. STATE <b>Arizona</b>	b. COUNTY <b>Maricopa</b>
Length of stay in 1b <b>DOA</b>		c. CITY OR TOWN <b>Phoenix</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Enroute City Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>838 1/2 North 10th Avenue.,</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <b>Melvin</b>	Middle <b>R.</b>	Last <b>Bailey</b>	4. DATE OF DEATH	Month <b>February</b>	Day <b>12,</b>	Year <b>1960</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/28/1921</b>	9. AGE (last birthday) <b>38</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Certified Accountant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Accounting</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Rolla Bailey</b>	13b. MOTHER'S MAIDEN NAME <b>Marie Graham</b>	14. NAME OF HUSBAND OR WIFE <b>Ressie Bailey</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W. 11</b>	16. SOCIAL SECURITY NO. <b>487-32-5516</b>	17. INFORMANT <b>Ressie Bailey, 838 1/2 North 10th Avenue., Phoenix, Arizona.</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Lake</b> <i>Lake Pneumonia, right lower lobe</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>490X</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)	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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from **4:35 P.** to **her** and last saw him alive on **her**  
Death occurred at **4:35 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Patrick Taylor Casner</b> (Degree or title)	22b. ADDRESS <b>1300 Clark</b>	22c. DATE SIGNED <b>2/16/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>2-16-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri.</b>
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24. FUNERAL DIRECTOR <b>Albert H. Hoppe, Inc., 4700 Washington Blvd.,</b>	25. DATE RECD. BY LOCAL REG. <b>FEB 16 1960</b>	26. REGISTRAR'S SIGNATURE <b>Leah Smith, M.D.</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 2 1960  
MAR 5 1960

STATEMENT BY LICENSED EMBALMER

MAR

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 \_\_\_\_\_

*Has been embalmed  
Lawrence G. H...*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.