

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH **FILED VS MAR 29 1960**

60-011678

STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. 4284 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>La Belle</u>		Length of stay in 1b <u>Life</u>		c. CITY OR TOWN <u>La Belle</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charley Edwin Bailey</u>				4. DATE OF DEATH Month Day Year <u>March 11, 1960</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</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>8/31/1884</u>		9. AGE (last birthday) <u>75</u>	
						IF UNDER 1 YEAR Months <u>6</u> Days <u>10</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>Retired Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Bailey</u>				13b. MOTHER'S MAIDEN NAME <u>Mary -- Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Addie Rowena Davis</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> <u>no</u>				16. SOCIAL SECURITY NO. <u>492-42-6788 A</u>		17. INFORMANT Address <u>Estelle Bailey La Belle, Missouri</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u> DUE TO (b) <u>Decompensation of Heart</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u> <u>2 yrs.</u>	
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 <u>Nov 1959</u> to <u>12 Mar. '60</u> and last saw ^{her} _{him} alive on <u>8 Mar. '60</u> Death occurred at <u>D. O. A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22. SIGNATURE (Degree or title) <u>John W. Will</u> <u>D.O.</u>				22b. ADDRESS <u>Lewistown MO -</u>				22c. DATE SIGNED <u>12 Mar 60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3/13/1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>La Belle Cemetery</u>		23d. LOCATION (City, town, or county) <u>La Belle, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>Salomon J. Labell, Jr.</u>				ADDRESS <u></u>		25. DATE RECD. BY LOCAL REG. <u>3-21-'60</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Henry Lloyd</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 myself, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4320

P. O. Address LaBelle

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.