

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011930

FILED VS. APR 4 1960 251

Primary Registration District No. 3048

Registrar's No. 76

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>				
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Maryville</b>		Length of stay in 1b -----		c. CITY OR TOWN <b>Clearmont</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <b>1 mile west</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>BILLY</b> Middle <b>DEWAYNE</b> Last <b>BAILEY</b>				4. DATE OF DEATH Month <b>3</b> Day <b>24</b> Year <b>60</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12/23/59</b>	9. AGE (last birthday) <b>0</b>	IF UNDER 1 YEAR Months <b>3</b> Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and state or country) <b>Maryville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>Robert L. Bailey</b>			13b. MOTHER'S MAIDEN NAME <b>Donna R. Thompson</b>			14. NAME OF HUSBAND OR WIFE <b>none</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Robert L. Bailey, Clearmont, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchial pneumonia</b>						INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>		
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) <b>Malnutrition</b>					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 _____ to <b>3/24/60</b> and last saw <sup>X</sup> him <sub>her</sub> alive on _____ Death occurred at <b>6:00 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>B. L. Bailey</b> (Degree or title) <b>M. D.</b>			22b. ADDRESS <b>Maryville, Missouri</b>			22c. DATE SIGNED <b>3/26/60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>3/26/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Nodaway Memorial Gardens</b>		23d. LOCATION (City, town, or county) (State) <b>Maryville, Missouri</b>				
24. FUNERAL DIRECTOR <b>Price Funeral Home, Maryville, Mo.</b>			ADDRESS	25. DATE RECD. BY LOCAL REG. <b>3-26-60</b>	26. REGISTRAR'S SIGNATURE <b>Bees Holt</b>			

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, <sup>not</sup> embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clayton M. Price

Licensed Embalmer No. 182

P. O. Address Mayville

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.