URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUL 25 1960

-60-026418
STATE FILE NUMBER

NDED

Registration District No. 111 Primary Registration District No. 5426 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Catawissa — Length of stay in 1b not known
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Franklin
c. CITY OR TOWN Catawissa — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First William Middle — Last Bailey

4. DATE OF DEATH Month July Day 8 Year '60

5. SEX M
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Oct 21, 1888
9. AGE (last birthday) 91 — 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) truck driver
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Viola Mo
12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Wm. Bailey
13b. MOTHER'S MAIDEN NAME not known
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Virginia Gracle Address 3412 Texas St. L. 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) Arteriosclerotic heart disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) presumed cause — found
DUE TO (c) about four days after death
INTERVAL BETWEEN ONSET AND DEATH Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) no medical attend int.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 _____ and last saw her/him alive on _____
Death occurred at About 7/4/60 - PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] Corona Union Mo
22b. ADDRESS
22c. DATE SIGNED 7/8/60

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE 7-9-60
23c. NAME OF CEMETERY OR CREMATORY Pacific Cem
23d. LOCATION (City, town, or county) Pacific (State) Mo.

24. FUNERAL DIRECTOR Mrs. John L. Thiele ADDRESS Pacific Mo
25. DATE RECD. BY LOCAL REG. 7-25-60
26. REGISTRAR'S SIGNATURE Hubert Wilde M.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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_____ Signed Ralph Altmann

Signature of Student Embalmer

Licensed Embalmer No. 4808

P. O. Address Union, Me

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