

UNITED STATES DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 3 1960

-60-027402

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFFERSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROCK TOWNSHIP		Length of stay in 1b 6 WKS		c. CITY OR TOWN NEAR IMPERIAL		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FOUR OAKS REST HOME				d. STREET ADDRESS (If outside, give location) IMPERIAL NO RURAL ROUTE		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First CORA Middle V. Last BAILEY				4. DATE OF DEATH Month JULY Day 17 Year 1960			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH JUNE 30 1871	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK		11. BIRTHPLACE (City and state or country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME ANDREW LeBEAU		13b. MOTHER'S MAIDEN NAME JULIA ENGLISH		14. NAME OF HUSBAND OR WIFE GRANT BAILY dec.			
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. NONE		17. INFORMANT Address RAIFORD BAILY IMPERIAL 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) Chronic Myocarditis DUE TO (b) Arterio sclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
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. ☐ 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.) Imperial Jefferson Mo		20f. CITY, TOWN, OR LOCATION Imperial Jefferson Mo		COUNTY Jefferson STATE Mo	
21. I attended the deceased from 1955 to 7/17/60 and last saw him/her on 7/17/60 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE G. Reich		(Degree or title)		22b. ADDRESS Imperial Mo		22c. DATE SIGNED 7/18/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JULY 21 1960		23c. NAME OF CEMETERY OR CREMATORY RAUSCHENBACH CEMETERY		23d. LOCATION (City, town, or county) (State) IMPERIAL MO	
24. FUNERAL DIRECTOR HEILIGTAG FUNERAL HOME IMPERIAL MO		ADDRESS		25. DATE RECD. BY LOCAL REG. 7-21-60		26. REGISTRAR'S SIGNATURE Robert E. Bauer	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 12 1980

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 _____
Signature of Student Embalmer

Signed Elmer H. Whitely

Licensed Embalmer No. 3571

P. O. Address Imperial

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.