

**DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-027556**

FILED VS JUL 29 1960

182

5684

Registrar's No. 126

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 126

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY <b>LINN</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CLAY TWP.</b>		a. STATE <b>LINN</b>		b. COUNTY <b>MO.</b>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2 1/2 Mi. N. of Hiway 36</b>		Length of stay in lb <b>4 yrs.</b>		c. CITY OR TOWN <b>CLAY TWP.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. STREET ADDRESS <b>1 1/2 Miles N. of Hiway 36</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH				
First <b>GEORGE</b> Middle <b>THOMAS</b> Last <b>BAILEY</b>				Month <b>JULY</b> Day <b>21</b> Year <b>1960</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/24/1869</b>	9. AGE (last birthday) <b>90</b>	IF UNDER 1 YEAR	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Boise, Idaho</b>	Months	Days	Hours	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			13a. FATHER'S NAME <b>SIMPSON NEWTON BAILEY</b>				13b. MOTHER'S MAIDEN NAME <b>ALICE THOMAS JENNINGS</b>	
14. NAME OF HUSBAND OR WIFE <b>ALICE FRANCES DUST</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>496-42-1345A</b>	
17. INFORMANT <b>Ruth Stelplugh; Wheeling, Missouri</b>				17. ADDRESS				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) <b>Congestive Heart failure</b>						<b>2 yrs</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cardio Vascular insufficiency</b>						<b>2 yrs</b>		
DUE TO (c) <b>arterio-sclerotic Heart disease</b>						<b>3 yrs</b>		
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 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 <b>July 14, 1960</b> to <b>July 21, 1960</b> and last saw her alive on <b>July 21, 1960</b>		Death occurred at <b>2:00 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <b>[Signature]</b>				22b. ADDRESS <b>Chillicothe, Mo.</b>		22c. DATE SIGNED <b>7-22-60</b>		
23a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7/23/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Botts Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>LINN COUNTY, MISSOURI</b>				
24. FUNERAL DIRECTOR <b>NORMAN FUNERAL HOME: Chillicothe, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>July 26 - 1960</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Bridie Kelley</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 embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed

*John P. Rodgers*

Licensed Embalmer No. 4963

P. O. Address Chillicothe, I

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.