

**R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-033846**

**FILED VS OCT 10 1960**

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STATE FILE NUMBER

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Buchanan</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b> Length of stay in lb <b>life</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1115 1/2 Garfield</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> c. CITY OR TOWN <b>St. Joseph</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>1115 1/2 Garfield</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <b>VICKI</b> Middle <b>SUE</b> Last <b>BAILEY</b>			<b>4. DATE OF DEATH</b> Month <b>October</b> Day <b>3</b> Year <b>1960</b>				
<b>5. SEX</b> <b>female</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>4/28/1960</b>	<b>9. AGE (last birthday)</b> IF UNDER 1 YEAR Months <b>5</b> Days <b>5</b> Hours <b>5</b> Min.	IF UNDER 24 HR Hours <b>5</b> Min.		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>infant</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> -----		<b>11. BIRTHPLACE</b> (City and state or country) <b>St. Joseph, Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>		
<b>13a. FATHER'S NAME</b> <b>Edward D. Bailey</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Gladys Harris</b>		<b>14. NAME OF HUSBAND OR WIFE</b> -----			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>none</b>		<b>17. INFORMANT</b> Address <b>Edward D. Bailey, 1115 1/2 Garfield, St. Joseph,</b>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Accidental suffocation</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Face covered by plastic sheet</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) 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					INTERVAL BETWEEN ONSET AND DEATH MO <b>1 hour</b> <b>1 hr</b>		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input checked="" type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <b>Plastic used to keep body dry covered child's face</b>					
<b>20c. TIME OF INJURY</b> Hour <b>2:30</b> p.m. Month, Day, Year <b>Oct 3 60</b>		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>			
<b>20f. CITY, TOWN, OR LOCATION</b> <b>St Joe 1115 Garfield Buchanan MO</b>		<b>21. I attended the deceased from</b> <b>no one's body</b> and last saw her <b>alive on Oct 3 60</b> Death occurred at <b>2:30 p.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
<b>22a. SIGNATURE</b> (Degree or title) <b>S. E. Meloney M.D.</b>		<b>22b. ADDRESS</b> <b>214 West Patrick St Joe MO</b>		<b>22c. DATE SIGNED</b> <b>Oct 6 60</b>			
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>burial</b>		<b>23b. DATE</b> <b>10/6/1960</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Belmont Cemetery</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>Wathena, Kansas</b>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Neaton-Bourman St. Joseph, Mo.</b>		<b>25. DATE RECD. BY LOCAL REG.</b> <b>Oct. 5, 1960</b>		<b>26. REGISTRAR'S SIGNATURE</b> <b>Mrs. Clark Goodall</b>			

DOCUMENT

S. E. Meloney M.D. 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 William Spalding

Licensed Embalmer No. 4535

P. O. Address Spokane

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