

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 24 1961

-61-000891

STATE FILE NUMBER

AMENDED

Registration District No. 120 Primary Registration District No. 497 Registrar's No. 6

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. COUNTY Gentry				a. STATE Missouri b. COUNTY Gentry					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stanberry				Length of stay in 1b 15 years		c. CITY OR TOWN Stanberry		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION North Walnut Street				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) North Walnut Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Benjamin Middle Franklin Last Bailey				4. DATE OF DEATH Month January Day 17, Year 1961					
5. SEX M		6. COLOR OR RACE W		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-9-1890		9. AGE (last birthday) 70	
						IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer, retired				10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and state or country) Cook, Nebraska		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Samuel Bailey				13b. MOTHER'S MAIDEN NAME Mary Ferguson		14. NAME OF HUSBAND OR WIFE Bertha Sharp Bailey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I				16. SOCIAL SECURITY NO. 536-01-6395		17. INFORMANT Bertha Bailey, Stanberry, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Stomach DUE TO (b) Unknown DUE TO (c) Unknown Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						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) None						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. 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 August 9, 1956 to Jan. 17, 1961 and last saw him alive on Jan. 17, 1961 Death occurred at 4:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Arthur L. Carter, M.D. (Degree or title)				22b. ADDRESS Stanberry, Missouri				22c. DATE SIGNED 1-19-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-20-1961		23c. NAME OF CEMETERY OR CREMATORY Mount Calvary		23d. LOCATION (City, town, or county) Stanberry Missouri			
24. GENERAL DIRECTOR'S ADDRESS Johnson Funeral Homes, Stanberry, Mo.				25. DATE RECD. BY LOCAL REG. Jan-20-61		26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare			

(Licensed Embalmer's Statement on Reverse Side)

JAN 25 1961

JAN 27 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Robert E. Johnson*

Licensed Embalmer No. 4948

P. O. Address *Stanberry*

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