

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-021700

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 163

Primary Registration District No. 3031

Registrar's No. 32

FILED JUN 23 1961

## 1. PLACE OF DEATH

a. COUNTY

JEFFERSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

DeSoto

Length of stay in 1b

37 yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

312 N 9TH

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

JEFF.

c. CITY OR TOWN

De Soto, Mo

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

312 N 9TH

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

EFFIE AMANDA BAILEY

4. DATE OF DEATH

Month  
JUNE

Day

19 1961

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/14/1894

9. AGE (last birthday)

67

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)

AT HOME

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

FLETCHER, MO.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

EPHRIAM BAILEY

13b. MOTHER'S MAIDEN NAME

NANCY TYREY

14. NAME OF HUSBAND OR WIFE

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.

493-01-2209

17. INFORMANT

HUGH BAILEY

Address

De Soto, 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)

Hypertensive cardiac-vascular disease

DUE TO (b)

renal disease

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

obesity

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

2-20

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 Nov 10, 1953 to June 19, 1961 and last saw her alive on June 19, 1961  
Death occurred at 1045 p on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D. M. V. Murphy M.D.

22b. ADDRESS

De Soto, Mo

22c. DATE SIGNED

June 29, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

6/22/61

23c. NAME OF CEMETERY OR CREMATORY

FLETCHER CEMETERY

23d. LOCATION (City, town, or county)

FLETCHER, MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

DIETRICH E. HOME DE SOTO, MO.

25. DATE RECD. BY LOCAL REG.

6-22-1961

26. REGISTRAR'S SIGNATURE

Marie Harris

(Licensed Embalmer's Statement on Reverse Side)

**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

*James B. Smith*

Licensed Embalmer No. 4104

P. O. Address

*Adams*

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.