

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007083

STATE FILE NUMBER

Registration District No. 178

Primary Registration District No.

Registrar's No. 16

AMENDED

FILED MAR 6 1962

|  |                                  |   |                                      |
|--|----------------------------------|---|--------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Lewis</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Lewis</b>                    |                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Canton</b>   |                                  | c. CITY OR TOWN <b>Canton</b>   |                                      |
| Length of stay in 1b<br><b>85 yrs.</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                      |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>At home</b>  |                                  | d. STREET ADDRESS (If outside, give location)<br><b>810 Clark</b>   |                                      |
| Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                                  |   |                                      |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>John</b> Middle <b>William</b> Last <b>Bailey</b>   |                                  | 4. DATE OF DEATH<br>Month <b>Feb.</b> Day <b>26</b> Year <b>1962</b>  |                                      |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>4-24-1875</b> |
| 9. AGE (last birthday)<br><b>86</b>  |                                  | IF UNDER 1 YEAR<br>Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>               |                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Street Comm.</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Town of Canton</b>  |                                      |
| 11. BIRTHPLACE (City and state or country)<br><b>Parkersburg, W. Va.</b>   |                                  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |                                      |
| 13a. FATHER'S NAME<br><b>Henry Bailey</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Sutter</b>   |                                      |
| 14. NAME OF HUSBAND OR WIFE<br><b>Della M. Job</b>   |                                  |   |                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>492-28-2009</b>   |                                      |
| 17. INFORMANT<br><b>Mrs. Henry Lloyd, Canton, Mo.</b>  |                                  | Address   |                                      |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u><b>Pulmonary edema</b></u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u><b>Arteriosclerotic heart disease</b></u><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 days</b><br><b>10 yrs.</b>   |                                      |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m. Month, Day, Year _____   |                                  |   |                                      |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u><b>1-26-62</b></u> to <u><b>2-26-62</b></u> and last saw him alive on <u><b>2-26-62</b></u><br>Death occurred at <u><b>6 A</b></u> m on the date stated above, and to the best of my knowledge, from the causes stated.  |                                  |   |                                      |
| 22a. SIGNATURE<br><u><b>John Sykstra D.O.</b></u> (Degree or title)  |                                  | 22b. ADDRESS<br><u><b>Canton, Mo</b></u>  |                                      |
| 22c. DATE SIGNED<br><u><b>2-27-62</b></u>  |                                  |   |                                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>2-28-1962</b>   |                                      |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Forest Grove</b>  |                                  | 23d. LOCATION (City, town, or county) (State)<br><b>Canton, Lewis Co. Mo.</b>   |                                      |
| 24. FUNERAL DIRECTOR<br><u><b>Earl H. Barkley, Canton, Mo.</b></u> ADDRESS   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>2-28-62</b>  |                                      |
| 26. REGISTRAR'S SIGNATURE<br><u><b>Mrs. Henry Lloyd</b></u>  |                                  |   |                                      |

(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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Earl H. Barkley

Licensed Embalmer No. 2615

P. O. Address Canton, Mo.

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.