MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022852

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2834

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED JUN 21 1962

1. PLACE OF DEATH a. COUNTY JACKSON

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

Length of stay in 1b: 1 Hr 20 Min.

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL, KC, MO. Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LAFAYETTE

c. CITY OR TOWN HIGGINSVILLE, MO. Inside Limits: Yes [ ] No [X]

d. STREET ADDRESS (If outside, give location) GENERAL DELIVERY Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First: WILLIAM Middle: RAY Last: BAILEY

4. DATE OF DEATH Month, Day, Year: MAY 26, 1962

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married [ ] Never Married [ ] Widowed [ ] Divorced [X]

8. DATE OF BIRTH: 1/1/96

9. AGE (last birthday): 66

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): Attendant

10b. KIND OF BUSINESS OR INDUSTRY: Filling Station

11. BIRTHPLACE (City and state or country): ROSELAND, MO.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: JAMES W. BAILEY

13b. MOTHER'S MAIDEN NAME: MARY L GUINN

14. NAME OF HUSBAND OR WIFE: N/A

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): 2/26/18 to 6/4/19

17. INFORMANT: VA HOSPITAL RECORDS Address:

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute myocardial infarction

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

DUE TO (b) Coronary atherosclerosis, advanced

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

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

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

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. VA attended the deceased from 5/26/62 3:20 PM to 5/26/62 4:40PM and last saw her/him alive on 5/26/62

Death occurred at 4:40 PM 5/26/62 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hugh H. Owens Coroner

22b. ADDRESS: 1652 Union Station

22c. DATE SIGNED: 5-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: May 28, 1962

23c. NAME OF CEMETERY OR CREMATORY: National Cemetery

23d. LOCATION (City, town, or county) (State): Ft. Leavenworth Kansas

24. FUNERAL DIRECTOR: D.W.Newcomer's Sons ADDRESS: 1331 Brush Cr. Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.: 5-28-62

26. REGISTRAR'S SIGNATURE: Russ N Long

(Licensed Embalmer's Statement on Reverse Side)

Hugh H. Owens MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	0540	X	
3			
4	0		
5	3		
6			
7	0		
8	0		
9	4201		
10			
11			
12	76-3		
13			

USE BLACK INK OR TYPEWRITER RIBBON

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 Harold L. Echternacht

Licensed Embalmer No. 3025

P. O. Address E. C. Kansas.

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.