

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035127

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 486 STATE FILE NUMBER

**FILED OCT 3 1962**

1. PLACE OF DEATH  
 a. COUNTY Jasper  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in lb  
 c. CITY OR TOWN Rural Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Route 1, Box 337, Webb City Reside on Farm Yes  No

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

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
ARCHIE LEE BAILEY September 26, 1962

5. SEX M 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 1-30-1886 9. AGE (last birthday) 76 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) Retired - Foreman - Kansas City Southern R.R. 10b. KIND OF BUSINESS OR INDUSTRY Bentonville, Ark. 11. BIRTHPLACE (City and state or country) USA 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Robin Bailey 13b. MOTHER'S MAIDEN NAME Elizabeth Noble 14. NAME OF HUSBAND OR WIFE Dec'd Pearl Anna Bailey, 4-18-60

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT Dau- Address Mrs. Merle Burkhart, Rt. 1, Joplin, 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) Acute Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 3 hrs  
 DUE TO (b) Chl. Arteriosclerosis unknown  
 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.  
 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 Month; Day, Year a.m. p.m.  
 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 Aug 10 1962 to Sept 26 - 1962 and last saw him live on Aug 10 1962  
 Death occurred at 3:10 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Signed or title) [Signature] 22b. ADDRESS 2125 Jackson Ave Joplin 22c. DATE SIGNED 9-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9-29-62 23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park 23d. LOCATION (City, town, or county) (State) Joplin, Missouri

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MISSOURI 25. DATE RECD. BY LOCAL REG. 9-29-1962 26. REGISTRAR'S SIGNATURE [Signature]

VS 300 Rev. 4/59

10499

20490

3

4 0

5 2

6

7 1

8 2

9 20.1

10

11

12 2-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

OUT 4 1962  
MAY 3 1963

**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 A. York

Licensed Embalmer No. 5193

P. O. Address Jackson, 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.