

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047358

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 630

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 21 1962

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| 1. PLACE OF DEATH<br>a. COUNTY <b>Jasper</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Joplin</b>                       |  | Length of stay in lb<br><b>45 yrs</b>   | c. CITY OR TOWN <b>Joplin</b><br>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>2215 Empire Avenue</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>1908 Annie Baxter Ave.</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>MARY</b> Middle <b>BAILEY</b> Last <b>BAILEY</b> | 4. DATE OF DEATH<br>Month <b>December</b> Day <b>12</b> Year <b>1962</b> |
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|                         |                                  |   |                                      |                                     |  |  |
|-------------------------|----------------------------------|---|--------------------------------------|-------------------------------------|--|--|
| 5. SEX<br><b>Female</b> | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>10-9-1879</b> | 9. AGE (last birthday)<br><b>83</b> | IF UNDER 1 YEAR<br>Months <input type="checkbox"/> Days <input type="checkbox"/> | IF UNDER 24 HR<br>Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b> | 11. BIRTHPLACE (City and state or country)<br><b>Dixon, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b> |
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|---|---|---|
| 13a. FATHER'S NAME<br><b>Jerome Houston</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Martha Harris</b> | 14. NAME OF HUSBAND OR WIFE<br><b>George Bailey</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT<br><b>Mrs. C. S. Meredith, 1908 Annie Baxter, Joplin, Mo.</b> |
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| 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) <b>Chronic Myocarditis</b><br>DUE TO (b) _____<br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | INTERVAL BETWEEN ONSET AND DEATH<br><b>Nov. 1955</b> |
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| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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.) |
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| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____ |
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| 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<br>COUNTY _____ STATE _____ |
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21. I attended the deceased from March 18, 1954 to December 12, '62 and last saw her live on December 12, 1962  
Death occurred at 7:10 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Dee or title)<br><i>Raymond Duffie</i> M.D. | 22b. ADDRESS<br><b>607 Frisco Bldg, Joplin, Missouri</b> | 22c. DATE SIGNED<br><b>12-14 -62</b> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>12-14-1962</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Hope Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Webb City, Missouri</b> |
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| 24. FUNERAL DIRECTOR<br><b>Thornhill-dillon Mortuary, Joplin, Mo.</b> | ADDRESS | 25. DATE RECD. BY LOCAL REG.<br><b>12-17-1962</b> | 26. REGISTRAR'S SIGNATURE<br><i>Dove Merriam</i> |
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VS 300 Rev. 4/59  
6499  
20499  
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4 1  
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12 70-0  
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 David Dillon, Jr., Student Embalmer No. 679

working under my personal supervision.

Student David Dillon, Jr.  
Signature of Student Embalmer

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.