

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002607

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 233 Primary Registration District No. 5811 Registrar's No. 4

FILED JAN 15 1963

1. PLACE OF DEATH

a. COUNTY

Montgomery

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

Montgomery Twp.

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

RR #2, Montgomery City

Length of stay in 1b

Inside Limits

Yes ☐ No ☒

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

a. STATE

Missouri

b. COUNTY

Montgomery

c. CITY

Montgomery Twp.

d. STREET

RR #2, Montgomery City

Inside Limits

Yes ☐ No ☒

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

George

Middle

Bailey

Last

4. DATE OF DEATH

Month

Day

Year

Jan. 7, 1963

5. SEX

Male

6. COLOR OR RACE

negro

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

unknown

9. AGE (last birthday)

92 yrs

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

farming

Wellsville, Mo.

USA

13a. FATHER'S NAME

Henry Bailey

13b. MOTHER'S MAIDEN NAME

unknown

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.

no

17. INFORMANT

Ed Baker, Montgomery City, 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)

Coronary Thrombosis

DUE TO (b)

Hypertension

DUE TO (c)

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

INTERVAL BETWEEN ONSET AND DEATH

5 min.

10-year

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

Jan. 7, 1963

to

Jan. 7, 1963

and last saw

him

alive on

Jan. 7, 1963

Death occurred at

5:30 AM Jan. 7, 1963

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Willis H. Waller MD.

22b. ADDRESS

Wellsville, Mo.

22c. DATE SIGNED

Jan. 7, 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Jan. 8, 1963

23c. NAME OF CEMETERY OR CREMATORY

Wellsville, Mo.

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

Wellsville, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Howard F. Myers, Wellsville, Mo.

25. DATE RECD. BY LOCAL REG.

1-7-1963

26. REGISTRAR'S SIGNATURE

Laura B. Callaway

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 Howard F. Myers

Licensed Embalmer No. 4494
P. O. Address Wellsville 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.