

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010185

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 379

Primary Registration District No. 4553

Registrar's No. 4

FILED FEB 26 1963

VS 300

Rev. 4/59

1140

21140

3

4 0

5 2

6

7 1

8 2

9 9

10 8

11

12 1-2

13 3-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

WRIGHT

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

MANSfield

Length of stay in 1b

80 YRS

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

MANSfield Hospital

Inside Limits

Yes ☒ No ☐

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

a. STATE

MO

b. COUNTY

WRIGHT

admission)

c. CITY

OR TOWN

MANSfield

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

RT 2

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Esbon

Middle

Bailey

Last

4. DATE OF DEATH

Feb. 1

Day

1963

## 5. SEX

M

## 6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

June 6, 1898

## 9. AGE (last birthday)

84

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

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

FARMER

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

CORYDON, INDIANA

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

William Bailey

## 13b. MOTHER'S MAIDEN NAME

Adeline BONANES

## 14. NAME OF HUSBAND OR WIFE

Alice

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.

558-34-6464

## 17. INFORMANT

John Bailey, Mansfield 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)

Hypostatic Pneumonia

## INTERVAL BETWEEN ONSET AND DEATH

3 days

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

## DUE TO (b)

Uremia

10 days

## 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 ☐ Unknown19. 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 January 22, 1963, to February 1, 1963, last saw him alive on February 1, 1963.  
Death occurred at 9:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)  
Dr. Newton D. Newbold, M.D.

## 22b. ADDRESS

Mansfield Mo.

## 22c. DATE SIGNED

2-6-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Feb. 4, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

MANSfield

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

MANSfield Mo

## (State)

## 24. FUNERAL DIRECTOR

Address

Max &amp; Miller Mansfield Mo.

## 25. DATE RECD. BY LOCAL REG.

2/7/63

## 26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**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

*Max L Miller*

Licensed Embalmer No.

*4720*

P. O. Address

*Manassas 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.