MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-63-019905
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 90

FILED JUN 11 1963

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains
Length of stay in 1b: all life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 320 Pierce
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Howell
c. CITY OR TOWN West Plains
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 859 Missouri Ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Mildred Middle Louise Last Bailey
4. DATE OF DEATH: Month May Day 24, Year 1963
5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-16-1920
9. AGE (last birthday): 43 years
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): Nurse and Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): West Plains, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Arthur Howell
13b. MOTHER'S MAIDEN NAME: Martha Starkie
14. NAME OF HUSBAND OR WIFE: Virgil S. Bailey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: yes
17. INFORMANT Address: Dr. Virgil S. Bailey, West Plains, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Systemic Lupus Erythematosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
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 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. I attended the deceased from 12/19/1955 to 5/24/1963 and last saw her alive on 5/24/1963
Death occurred at 1:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O. F. Callihan M.D.
22b. ADDRESS West Plains, Mo.
22c. DATE SIGNED 6/1/63

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 5-27-1963
23c. NAME OF CEMETERY OR CREMATORY Howell Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State) West Plains, Mo.

24. FUNERAL DIRECTOR ADDRESS Robertsons, West Plains, Mo.
25. DATE RECD. BY LOCAL REG. 6-7-63
26. REGISTRAR'S SIGNATURE Beatrice Cook

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0465		
2	0465		
3			
4	1		
5	1		
6			
7	0		
8	2		
9	705.4		
10			
11			
12	90-0		
13	1-0		

BY AFFIDAVIT OF ? DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

JUN 13 1963

Callihan

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 D. D. Callihan

Licensed Embalmer No. 3432

P. O. Address West Plains, 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.