

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER **63-040621**

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 397

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 12 1963	
1. PLACE OF DEATH	
a. COUNTY Marion	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal	a. STATE Mo. b. COUNTY Marion
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Evering Hospital	c. CITY OR TOWN Hannibal Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS 207 S. 6th St.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First MILDRED	Middle BAILEY
Last BAILEY	4. DATE OF DEATH Month October Day 29 Year 1963
5. SEX female	6. COLOR OR RACE white
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/8/1899
9. AGE (last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cosmetician	10b. KIND OF BUSINESS OR INDUSTRY drug store
11. BIRTHPLACE (City and state or country) Hannibal, Missouri	12. CITIZEN OF WHAT COUNTRY United States
13a. FATHER'S NAME Arthur Merritt Bailey	13b. MOTHER'S MAIDEN NAME Effie May Hayden
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. ---	17. INFORMANT Mrs. Effie Bailey, 207 S. 6th
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)	
IMMEDIATE CAUSE (a) Carcinoma right breast with generalized metastases	
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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 Hannibal, Missouri
21. I attended the deceased from 10-10-63 to 10-29-63 and last saw her/him alive on 10-29-63 Death occurred at 1:50 p. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Robert J. Lanning MD</i> (Degree or title)	22b. ADDRESS 115 N. 5th St. Hannibal, Missouri
22c. DATE SIGNED 10-31-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Nov. 1, 1963
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery Hannibal, Missouri	
23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <i>Jack Schwartz</i> - Hannibal, Mo.	25. DATE RECD. BY LOCAL REG. Nov 4, 1963
26. REGISTRAR'S SIGNATURE <i>M. Herman</i>	

VS 300 Rev. 4/59
 1 *0648*
 2 *0648*
 3
 4 *1*
 5 *0*
 6
 7 *0*
 8 *2*
 9 *170X*
 10
 11
 12 *10*
 13 *10*

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

11/14/63

Faint, mostly illegible text at the top of the page, possibly containing name and address information.

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 Jack Schwartz
Licensed Embalmer No. 4900

P. O. Address Hannibal, 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.

Permit raised 11/14/63