

FILED SEP 20 1948

Registration District No. 360

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6225

State File No. 31803

Registrar's No. 126

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County VERNON
(b) City or town Washington Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mo 16 days
(Specify whether years, months or days)
In this community Same

8. (a) PRINT FULL NAME James Edwin Bailey

3. (b) If veteran, name war 3. (c) Social Security No. unknown

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife DORA Bailey 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased: December 9 - 1874
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>73</u>	<u>9</u>	<u>5</u>	hr. min.

9. Birthplace: Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER

12. Name James Bailey
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Cynthia Holcomb
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Records

(b) Address State Hospital #3

17. (a) Removal (b) Date thereof Sept. 14 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Mo.

18. (a) Signature of funeral director Edwigen Personal Home

(b) Address Nevada, Mo.

19. (a) 9-17-49 (b) Kathryn Yancy
(Date received local registrar) (Registrar's signature) 2-11

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 115 E. GRAND RIVER
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 14
Year 1948 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from MARCH 29, 1948, to SEPT 14, 1948; that I last saw him alive on SEPT 13, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebrovascular Accident
(Type undetermined) Sudden
Due to ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

Due to _____
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury 1

23. Signature James J. Pascoe (M. D. or other) M.D.
Address State Hospital #3 Date signed 9-14-48

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1095

Date Filed 9-18-48

OCT 8 1948

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Richard L. Shouter

Licensed Embalmer No. 4532

P. O. Address Nevada, MD

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 this body is not embalmed, above space should be left blank.