

FILED MAY 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16634

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1992

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>KANSAS CITY</u> c. LENGTH OF STAY (in this place) <u>31 YRS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>815 WEST 58 TERRACE</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY MO 64115</u> d. STREET ADDRESS (If rural, give location) <u>815 WEST 58 TERRACE</u>	
<b>3. NAME OF DECEASED</b> a. (First) <u>MRS. MARY</u> b. (Middle) <u>BELL</u> c. (Last) <u>BAILEY</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>APRIL-28-1950</u>	
<b>5. SEX</b> <u>FEMALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>WIDOWED</u>	<b>8. DATE OF BIRTH</b> <u>NOV. 27, 1868</u>
<b>9. AGE</b> (In years last birthday) <u>82</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>None</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>None</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>At Home</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>TIPTON Co. INDIANA</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		<b>13a. FATHER'S NAME</b> <u>THOMAS M. LITTLE</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>RONDA SMITH</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>William BAILEY</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. A.E. Linville</u>		<b>ADDRESS</b> <u>815 W. 58 St. Jear.</u>	
<b>MEDICAL CERTIFICATION</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <u>Broncho-Pneumonia</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Arterio-sclerosis</u>	
<b>18. CAUSE OF DEATH</b> (continued) Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 days</u>  <u>5 yrs</u>  <u>42 yr</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	
<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>4/15</u>, 19<u>50</u>, to <u>4/28</u>, 19<u>50</u>, that I last saw the deceased alive on <u>4/27</u>, 19<u>50</u>, and that death occurred at <u>11:05 A.M.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <u>Joseph A. Fogarty</u> (Name or title)		<b>23b. ADDRESS</b> <u>NO 2402 Westman Rd KC Mo 64316</u>	
<b>23c. DATE SIGNED</b> <u>4/29/50</u>			
<b>24a. NAME OF CEMETERY OR CREMATORY</b> <u>CLINTON, Mo.</u>		<b>24b. LOCATION</b> (City, town, or county) (State) <u>CLINTON, MISSOURI</u>	
<b>24c. DATE REC'D BY LOCAL REG.</b> <u>5-1-50</u>		<b>24d. REGISTRAR'S SIGNATURE</b> <u>Seraldine Holmes</u>	
<b>24e. FEDERAL DIRECTOR'S SIGNATURE</b> <u>H. H. Newcomer</u>		<b>ADDRESS</b> <u>St. Louis, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

8/21/11 Handwritten

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 .....  
Student Embalmer

Signed

*Jess T. Dews*

Licensed Embalmer No. 4453

P. O. Address Kansas City

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, fact should be so stated above.