

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4749**

FILED MAR 3 1952

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4214** Registrar's No. **59**

420
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Henry.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater.	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED (Type or Print) a. (First) Everett	b. (Middle) T	c. (Last) Bailey	4. DATE OF DEATH (Month) (Day) (Year) FEB. 93, 1952
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5. SEX Male	6. COMPLEXION White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow of 2	8. DATE OF BIRTH October 10, 1878	9. AGE (In years) (Months) (Days) 73 4 23	IF UNDER 1 YEAR IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Building.	11. BIRTHPLACE (State or foreign country) Indiana.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry S. Bailey.	13b. MOTHER'S MAIDEN NAME Hanna Fauset.	14. NAME OF HUSBAND OR WIFE
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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. 490-169207	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Murel Bailey 2211 Westb second
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION		18b. BETWEEN ONSET AND DEATH INSTANT
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1948**, to **FEB.**, 19**52**, that I last saw the deceased alive on **JAN.**, 19**52** and that death occurred at **4 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Nugh B Walker MD Coroner	(Degree or title)	23b. ADDRESS Clinton, Mo.	23c. DATE SIGNED 26 Feb 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 27, 1952	24c. NAME OF CEMETERY OR CREMATORY Deepwater Cemetery	24d. LOCATION (City, town, or county) (State) Deepwater Missouri
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DATE REC'D BY LOCAL REG. Mar-1-52	REGISTRAR'S SIGNATURE Florence Adair	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tom H... Deepwater Mo
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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 *Wm. H. Hurd* _____

Licensed Embalmer No. *2787* _____

P. O. Address *Deepwater 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, fact should be so stated above.