

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35698

FILED NOV 13 1953

State File No. _____
Registrar's No. 232

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>4213</u>		Registrar's No. <u>232</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Windsor</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Lebo Twp</u>		d. STREET ADDRESS (If rural, give location) <u>R#1, Leeton 04²⁰</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Windsor Hospital</u>				3. NAME OF DECEASED a. (First) <u>MINNIE</u> b. (Middle) <u>BELLE</u> c. (Last) <u>BAILEY</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 7 1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>July 22 1887</u>		9. AGE (in years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTH PLACE (City and State or Foreign Country) <u>Henry County, Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Brice Robbins</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Walker</u>		14. NAME OF HUSBAND OR WIFE <u>William Bailey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm W. Bailey</u> ADDRESS <u>R1 Leeton, Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Peritonitis & Gangrene of Intestine</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bowel Obstruction at Ascending Colon</u> DUE TO (c) <u>Acute Diverticulitis of Ascending Colon</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 1/2</u> <u>3-4 wks.</u>	
19a. DATE OF OPERATION <u>Nov. 6-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Large Stone in Diverticulum of Ascending Colon - obstructed and gangrenous small bowel.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____			
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? _____			
22. I hereby certify that I attended the deceased from <u>Nov. 4</u> , 19 <u>53</u> , to <u>Nov 7</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Nov. 7</u> , 19 <u>53</u> , and that death occurred at <u>3:55 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Claude M. Shurber M.D.</u>				23b. ADDRESS <u>Windsor Mo.</u>		23c. DATE SIGNED <u>11-11-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-10-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Missouri</u>	
DATE REC'D. BY LOCAL REG. <u>Nov 10-53</u>		REGISTRAR'S SIGNATURE <u>Florence O. Dyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston Turner</u> ADDRESS <u>Windsor, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

William M. Turner

Licensed Embalmer No.

4648

P. O. Address

Windsor, M.

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.