

STANDARD CERTIFICATE OF DEATH

4560

FILED MAR 4 1957

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 729

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY 3768 OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MENORAH HOSPITAL			Length of stay in lb 12 yrs.		d. STREET (If outside, give location) ADDRESS 4907 Woodland		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) ELDON BAILEY				4. DATE OF DEATH FEB 15, 1957			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 6-15-1910		9. AGE (In years last birthday) 47 4/6	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail carrier		10b. KIND OF BUSINESS OR INDUSTRY Sunny slope station		11. BIRTHPLACE (City and state or country) Deepwater, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William T. BAILEY				14. MOTHER'S MAIDEN NAME EUNA SNYDER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. W.W. # 2 495-01-4507		17. INFORMANT Mamie Bailey, 4907 Woodland Wife			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stevate fractures case of the anterior fossa of the skull, encephalomalacia, base of brain, sanquinous east in the bronchi of the lungs. DUE TO (b) Hyperemia of the lungs. DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH E 9035 44
20a. ACCIDENT <input checked="" 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.) Fell while running backwards with children, 324				
20c. TIME OF INJURY Hour a. m. p. m. 2-12-57			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg.) 31st and Troost.				
20d. INJURY OCCURRED* WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg.) 31st and Troost		20f. CITY, TOWN, OR LOCATION Kansas City		COUNTY 123	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Dorothy H. Owens, Registrar				22b. ADDRESS 1034 Brantford 2-15-57		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb-17-1957	23c. NAME OF CEMETERY OR CREMATORY Deepwater Cemetery		23d. LOCATION (City, town, or county) Deepwater Mo.		(State)
24. FUNERAL DIRECTOR Melvin J. Janssens, 212 M.O.				25. DATE RECD. BY LOCAL REG. 2-15-57		26. REGISTRAR'S SIGNATURE Reva Marshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Hugh H. Owens

MAY 4

1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student .....

Signature of Student Embalmer

Signed

*Melvin L. Janssens*

Licensed Embalmer No. 4

P. O. Address *Appleton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.