

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021071

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 147

STATE FILE NUMBER

AMENDED

FILED JUN 26 1961

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, give TOWNSHIP only) OR TOWN Windsor		Length of stay in 1b 6 years	c. CITY OR TOWN Windsor Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 402 S. Tebo Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Mitchell Middle Amos Last Bailey			4. DATE OF DEATH Month June Day 18 Year 1961		
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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 7/2/1890	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer	10b. KIND OF BUSINESS OR INDUSTRY Newspaper	11. BIRTHPLACE (City and state or country) Augusta, Kansas	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME William Bailey	13b. MOTHER'S MAIDEN NAME Anna Laura Howell	14. NAME OF HUSBAND OR WIFE Mrs. Evangie Bailey
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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) Yes W.W.I	16. SOCIAL SECURITY NO. 497-03-0819	17. INFORMANT Mrs. Evangie Bailey, Windsor, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Sepsis		1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) gangrene of feet	3 months
	DUE TO (c) Raynaud's phenomenon	3 1/2 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) Cancer of lung (bronchogenic)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from **8-24-60** to **death** and last saw her/him alive on **6-18-61**
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles R. Summers MD	22b. ADDRESS 114 N. Main	22c. DATE SIGNED 6-19-61
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 6/20/1961	23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery	23d. LOCATION (City, town, or county) (State) Windsor, Missouri
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24. FUNERAL DIRECTOR Clifford Gouge, Windsor, Mo.	25. DATE RECD. BY LOCAL REG. June 20, 1961	26. REGISTRAR'S SIGNATURE Mildred Bigene
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

1961 JUN 27

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 _____
Signature of Student Embalmer

Signed Clifford Louze

Licensed Embalmer No. 5014

P. O. Address Windsor, Mo.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.