

MISSOURI DIVISION OF HEALTH—STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0040102

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 5513 Registrar's No. 267

VS 300
Rev. 4/59

1 0420
2 0420

3

4 0

5 0

6

7 0

8 2

9 9240

10 18

11 042

12 90-3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

PLACE OF DEATH
a. COUNTY Henry **1964**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Leesville Twsp</u>		Length of stay in 1b <u>4 mo</u>	c. CITY OR TOWN <u>Leesville Twsp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clinton RFD 2</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Clinton RFD 2</u>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					

3. NAME OF DECEASED (Type or print) LARRY DEAN BAILEY JR.

4. DATE OF DEATH October 12, 1964

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/9/64</u>	9. AGE (last birthday) <u>4</u> Months <u>3</u> Days	IF UNDER 1 YEAR Hours <u>3</u> Min.	IF UNDER 24 HR Hours <u>3</u> Min.
-----------------------	----------------------------------	---	-----------------------------------	---	--	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Springfield, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
--	--	---	---

13a. FATHER'S NAME Larry Dean Bailey

13b. MOTHER'S MAIDEN NAME Doris Witherspoon

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO. None

17. INFORMANT Doris Bailey, Clinton RFD 2, Mo.

Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Unknown Natural Cause

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Probable Suffocation

DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH
Immed.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Found in crib by Parent.

20c. TIME OF INJURY Hour _____ Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
At Home

20f. CITY, TOWN, OR LOCATION COUNTY STATE
Leesville Township Henry Mo

21. I attended the deceased from unattended to _____ and last saw her/him alive on _____
Death occurred at 6 A m on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE (Degree or title) Richard A. Key, M.D. Henry County Coroner

22b. ADDRESS 106 S. 3rd Clinton Mo

22c. DATE SIGNED 10-13-64

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Oct 13, 1964

23c. NAME OF CEMETERY OR CREMATORY Clinton Memory Gardens

23d. LOCATION (City, town, or county) (State) Clinton, Mo.

24. FUNERAL DIRECTOR Consalus ADDRESS Clinton, Mo.

25. DATE RECD. BY LOCAL REG. Oct. 13, 1964

26. REGISTRAR'S SIGNATURE Mildred Bigum

USE BLACK INK OR TYPEWRITER RIBBON

RECEIVED
STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
MORTUARY DIVISION

MISSISSIPPI 300

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 Eugene R. Consalis

Licensed Embalmer No. 4680

P. O. Address Vinton, 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.

57

Permit Osternell 10-13-64 (MS)