

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0001398
STATE FILE NUMBER

Registration District No. 37 Primary Registration District No. 3023 Registrar's No. 25

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

VS 300	1	2	3	4	5	6	7	8	9	10	11	12	13
Rev. 4/59	425	0267							331X			121-0	1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY Henry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cole				
b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton		Length of stay in 1b 5 days	c. CITY OR TOWN Jefferson City,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 803 Jefferson		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First WALTER Middle LEE Last BAILEY			4. DATE OF DEATH Month January Day 24 Year 1966				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/12/96	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Henry Co. Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME James Edward Bailey		13b. MOTHER'S MAIDEN NAME Dora Ann Snodgrass		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. 490-05-8498	17. INFORMANT Beulah Bailey, Jefferson City, 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) Broncho-pneumonia					INTERVAL BETWEEN ONSET AND DEATH 3 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebro-vascular Accident					4 days		
DUE TO (c)							
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)			
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
21. I attended the deceased from 1-22-66 to 1-24-66 and last saw her/him alive on 1-24-66 Death occurred at 11:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Richard T. Kees M.D.</i> (Degree or title)			22b. ADDRESS 106 S. 3rd Clinton Mo		22c. DATE SIGNED 1-27-66		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 27, 66	23c. NAME OF CEMETERY OR CREMATORY Shawnee Mound		23d. LOCATION (City, town, or county) Henry Co. Mo.		(State)	
24. FUNERAL DIRECTOR Consalus		ADDRESS Clinton, Mo.		25. DATE RECD. BY LOCAL REG. 1-27-66	26. REGISTRAR'S SIGNATURE <i>Mildred Begum</i>		

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. Consalus

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.