

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER **0049498**

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 131 Primary Registration District No. 3023 Registrar's No. 34966

**FILED DEC 9 1966**

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Henry</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Clinton</b>		a. STATE <b>Mo.</b>		b. COUNTY <b>Jackson</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Golden Valley Nursing</b>		Length of stay in 1b <b>1 year</b>		c. CITY OR TOWN <b>Raytown</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>LEONDIAS ORLANDO BAILEY</b>				4. DATE OF DEATH <b>December 15, 1966</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9/28/91</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Auto Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (last birthday) <b>75</b>		11. BIRTHPLACE (City and state or country) <b>Burlington, Kansas</b>	
13a. FATHER'S NAME <b>James W. Bailey</b>		13b. MOTHER'S MAIDEN NAME <b>Jane Watts</b>		14. NAME OF HUSBAND OR WIFE <b>Margaret Bailey</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Not known</b>				16. SOCIAL SECURITY NO. <b>495-05-1332</b>		17. INFORMANT <b>Margaret Bailey, Clinton, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <b>Pulmonary Edema</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 hours</b>			
DUE TO (b) <b>Myocardial Insufficiency</b>				<b>18 hours</b>			
DUE TO (c) <b>Chronic Coronary Artery Heart Disease</b>				<b>Years</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Generalized Debilitation &amp; Cerebral Arteriosclerosis</b>						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.)			
20c. TIME OF INJURY		Hour a.m. p.m.		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 <b>1964</b> to <b>12-15-66</b> and last saw her/him alive on <b>12-15-66</b> . Death occurred at <b>11:30 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>C. L. Glospey</b> (Degree or title)				22b. ADDRESS <b>Clinton, Mo</b>		22c. DATE SIGNED <b>12/17/66</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Dec 17, 1966</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Englewood</b>		23d. LOCATION (City, town, or county) <b>Clinton, Missouri</b>	
24. FUNERAL DIRECTOR <b>Consalus</b>		ADDRESS <b>Clinton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Dec 17, 1966</b>		26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>	

**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. Consolue*

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.