

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0042993

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 17

Primary Registration District No. 3016

Registrar's No. 528

FILED DEC 1 1967

|  |   |  |                                       |
|--|---|--|---------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Cole</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Maries</b>                            |                                       |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Jefferson City</b>   |   | c. CITY OR TOWN <b>Johnson Township</b>  |                                       |
| Length of stay in 1b <b>D.O.A.</b>   |   | Inside Limits <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                                       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>  |   | d. STREET ADDRESS (If outside, give location)<br><b>State Rt. P</b>  |                                       |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>JOHN</b> Middle <b>WILBERT</b> Last <b>BAILEY</b>   |   | 4. DATE OF DEATH<br>Month <b>November</b> Day <b>21</b> Year <b>1967</b>   |                                       |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>12/25/1900</b> |
| 9. AGE (last birthday)<br><b>66</b>  |   | 10. IF UNDER 1 YEAR<br>Months <b>66</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>   |                                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Guard, retired</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>State Capitol</b>  |                                       |
| 11. BIRTHPLACE (City and state or country)<br><b>Vichy, Missouri</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |                                       |
| 13a. FATHER'S NAME<br><b>Daniel Bailey</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Nannie Hoggett</b>   |                                       |
| 14. NAME OF HUSBAND OR WIFE<br><b>Opal Bailey</b>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                       |
| 16. SOCIAL SECURITY NO.<br><b>499-03-7458</b>  |   | 17. INFORMANT<br><b>Mrs. Opal Bailey</b>   |                                       |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute myocardial infarction few minutes</b><br>DUE TO (b) <b>Coronary Arteriosclerosis</b><br>DUE TO (c) <b>years</b> |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>years</b>   |                                       |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Pulmonary emphysema</b>  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                       |
| 19. WAS AUTOPSY PERFORMED?<br><b>YES</b> <input type="checkbox"/> <b>NO</b> <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<br>Hour <b>10:30</b> a.m. <b>PM</b> Month, Day, Year <b>11/21/67</b>   | 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.)<br><b>Jefferson City, Mo.</b>   |   | 20f. CITY, TOWN, OR LOCATION<br><b>Jefferson City, Mo.</b>   |                                       |
| 21. I attended the deceased from <b>11/21/67</b> to <b>11/21/67</b> and last saw her alive on <b>11/21/67</b><br>Death occurred at <b>10:30 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.                    |   | 22a. SIGNATURE (Degree or title)<br><b>Dean A. Taylor M.D.</b>   |                                       |
| 22b. ADDRESS<br><b>Jefferson City, Mo.</b>   |   | 22c. DATE SIGNED<br><b>11-27-67</b>  |                                       |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>11/24/67</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Macedonia Cemetery</b>  |                                       |
| 23d. LOCATION (City, town, or county)<br><b>Phelps County, Missouri</b>  |   | 23e. DATE RECD. BY LOCAL REG.<br><b>11-28-67</b>   |                                       |
| 24. FUNERAL DIRECTOR<br>By <b>Paul E. Hull</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>Norma Miller</b>   |                                       |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

18-4-67

DEC 4 1967

**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 Gideon N. Houser

Licensed Embalmer No. 4579

P. O. Address Jefferson City, 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.