

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-020424

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

649

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUL 5 1961

STATE AMENDED

Autopsy report pending
Tentively coronary occlusion 11/10/61
11/10/61

18a Coronary occlusion
18b Advanced arteriosclerosis & nephrosclerosis (See information added)
Pt II (See information added)

DOCUMENT BY AFFIDAVIT OF Attending physician E. Peterson, M.D.

1. PLACE OF DEATH a. COUNTY Ruchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Doniphan									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 3 Days		c. CITY OR TOWN Elwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 209 Vermont Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Cyrus Middle Bailey Last Bailey				4. DATE OF DEATH Month June Day 5 Year 1961									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Nov. 17, 1872		9. AGE (last birthday) 88		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter				10b. KIND OF BUSINESS OR INDUSTRY C. B. & O. R. R.		11. BIRTHPLACE (City and state or country) Troy, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Lloyd Bailey				13b. MOTHER'S MAIDEN NAME Comfort Wykert				14. NAME OF HUSBAND OR WIFE Minnie May Bailey					
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 Genevieve Wolfing Address Elwood Kansas							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Autopsy report pending Marked by advanced coronary Tentatively coronary occlusion DUE TO (b) Tentatively coronary occlusion DUE TO (c) arteriosclerosis & previous infarctions (myocardial)								INTERVAL BETWEEN ONSET AND DEATH 24 hrs.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Advanced arteriosclerosis gen. & nephrosclerosis & gangrene of foot								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 checked="" 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 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 9-60 to 6/4/61 and last saw her alive on 6/4/61 Death occurred at 6:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title)				22b. ADDRESS 5306 North 17th St. Elwood, Mo.				22c. DATE SIGNED 6/23/61					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 7, 1961		23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		23d. LOCATION (City, town, or county) Troy, Kansas							
24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc. St. Joseph, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. June 28, 1961		26. REGISTRAR'S SIGNATURE Wm. Clark Goodell							

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 Raymond A. Hoover

Licensed Embalmer No. 5147

P. O. Address St. Joseph, 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.