

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25391**

FILED SEP 13 1948

Registration District No. **11**

Primary Registration District No. **5041**

Registrar's No. **81**

1. PLACE OF DEATH:

(a) County **Barry**
 (b) City or town **Rural**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. **/**
(Specify whether years, months or days)

3: (a) PRINT FULL NAME **John W. Bailie**

3. (b) If veteran, name war: **/** 3. (c) Social Security No. **/**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Avna Bailie** 6. (c) Age of husband or wife if alive **/** years

7. Birth date of deceased **December 12 1880**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	7	9	hr. min.

9. Birthplace **Jenkins Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired farmer**

11. Industry or business **/**

MOTHER FATHER

12. Name **Samuel Bailie**

13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Elizabeth Johnson**

15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Aletha Jay**

(b) Address **Jenkins, Missouri**

17. (a) **Burial** (b) Date thereof **7-23-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Olio Cemetary**

18. (a) Signature of funeral director **Culver funeral home**

(b) Address **Cassville, Missouri**

19. (a) **Sept 4-48** (b) **Grace Williams**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**
 (c) City or town **Rural**
(If outside city or town limits, write "RURAL")
 (d) Street No. **/**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **/**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **21**
 year **1948** hour **11** minute **A.** M.

21. I hereby certify that I attended the deceased from **June 10**, 19**44** to **7-21-**19**48**
 that I last saw him alive on **July - 21 - 1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiovascular Renal disea. 5 yr**
 Duration **5 yr**

Due to **/**

Due to **/**

Other conditions **/**
(Include pregnancy within 3 months of death)

Major findings: Of operations **B7W**

Of autopsy **/**

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **/**
 (b) Date of occurrence **/**
 (c) Where did injury occur? **/**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? **/**

While at work? **/** (Specify type of place) (e) Means of injury **/**

23. Signature **H. L. Kerr** (M. D. or other) **/**
 Address **Craig ms** Date signed **7-25-48**

RECEIVED
District Health Officer No. 6;
District File Number 448-1008
Date Filed SEP 10 1948

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.....

Glen D. Williams

Registered Apprentice No. 13

working under my personal supervision.

Signed G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville

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 this body is not embalmed, fact should be so stated above.