

FILED MAY 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11965

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 105 PRIMARY REG. DIST. NO. 4177 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>JUNKLIN-</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>MISSOURI</u> b. COUNTY <u>JUNKLIN-</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLARKTON-</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>35000</u> OR TOWN <u>Clarkton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>0 NONE</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SEABORN</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>BAILEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-27-1949</u>		
5. SEX <u>MO</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>3/28/1859</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming - Retired 16 yrs.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Carroll Co. Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Thomas Bailey</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Lela Williams Bailey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clifford Bailey-Piggott, son</u>	
				ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		<u>24 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>General Atherosclerosis</u>	
		DUE TO (c) _____		<u>20 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4/20/1</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Apr 27, 1949, to Apr 28, 1949, that I last saw the deceased alive on Apr 28, 1949, and that death occurred at 3:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>L.C. Mitchell M.D.</u> (Degree or title)	23b. ADDRESS <u>Malden Mo</u>	23c. DATE SIGNED <u>4/29/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 2-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shelbyfield -</u>	24d. LOCATION (City, town, or county) (State) <u>Clarkton, Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-7-49</u>	REGISTRAR'S SIGNATURE <u>Freida Bailey</u> 88	EMERALD FUNERAL DIRECTOR'S SIGNATURE <u>Emil Salomon - Kenneth, Mo</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

35  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

21  
127  
NO. 2  
District File Number 549-52

Date Filed 5-11-4

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**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.

Signed Paul R. Moon

Signed.....  
Student Embalmer

Licensed Embalmer No. 4636

P. O. Address Kennett, 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 this body is not embalmed, fact should be so stated above.