

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24616**
Registrar's No. **3306**

FILED **JUL 24 1953** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 57 years		e. STREET ADDRESS (If rural, give location) 3415 Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital		3478	
3. NAME OF DECEASED (Type or Print) a. (First) Claude b. (Middle) S. c. (Last) Bailey		4. DATE OF DEATH (Month) (Day) (Year) June 30, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 5, 1889
9. AGE (in years last birthday) 63		IF UNDER 1 YEAR: Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Railway	11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles Bailey	
13b. MOTHER'S MAIDEN NAME Arthura Smith		14. NAME OF HUSBAND OR WIFE Belle Bailey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 702-12-1082	
17. INFORMANT'S SIGNATURE OR NAME W. A. Hospital Records, Kansas City, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subacute yellow atrophy of the liver INTERVAL BETWEEN ONSET AND DEATH 4 mos.	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) as above DUE TO (c) as above	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. as above		5804	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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) 2	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 June 1, 1953 , to June 30, 1953 that death occurred on June 30, 1953 at 12:01 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Richard C. Schaffer, M.D.		23b. ADDRESS VA Hospital, Kansas City, Mo.	23c. DATE SIGNED 6-30-53
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE July 1, 1953	24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
DATE REC'D BY LOCAL REG. 7-1-53	REGISTRAR'S SIGNATURE Heraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE J. H. Newcomer, Sons, Kansas City, Mo.	

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

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.....
Willie J. Jessel

Licensed Embalmer No. 4690

P. O. Address K C m

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.