

5. No. 300  
V. 10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36197

FILED NOV 12 1953

State File No. \_\_\_\_\_

Registrar's No. 422

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5568		State File No. _____			
1. PLACE OF DEATH a. COUNTY JACKSON (Rural Blue)				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) KANSAS CITY			c. LENGTH OF STAY (In this place) 8 yrs		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 328 KENTUCKY AVE				e. STREET ADDRESS (If rural, give location) 328 KY (Rural Blue)					
3. NAME OF DECEASED (Type or Print) a. (First) Hester			b. (Middle) Kingsbury		c. (Last) Bailey		4. DATE OF DEATH (Month) (Day) (Year) NOV 3-53		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED		8. DATE OF BIRTH FEB 23-1898		9. AGE (In years last birthday) 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HAISTING ENG		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) EGGERTON MISSOURIO			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME SAMUEL O. BAILEY			13b. MOTHER'S MAIDEN NAME AMELIA BLACKBURN			14. <del>Mrs</del> HUSBAND OR WIFE <del>Mrs</del> ELIZABETH SMITH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give part or dates of service) No			16. SOCIAL SECURITY NO. 491-09-7045		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Mary Bailey 328 Kentucky				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocarditis</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. TYPE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>maternal</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4222					
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Ralph A. Owens</u>			23b. ADDRESS (Degree or title) 1034 Beatto Bldg			23c. DATE SIGNED 11-5-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE Nov 5-1953		24c. NAME OF CEMETERY OR CREMATORY St Joseph No		24d. LOCATION (City, town, or county) (State) St Joseph Mo			
DATE REC'D BY LOCAL REG. 11-5-53		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS K.C. Mo			

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

7000  
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FEB 2 1958

NOV 17 1958

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 *John P. Shair*

Licensed Embalmer No. *3625*

P. O. Address *R.C. 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.

The Division of Health of Missouri  
BUREAU OF VITAL STATISTICS

State of Missouri

State File No. 36197

County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 422

On this 4<sup>th</sup> day of December, 1953, before me appears Mary Mae Elizabeth Bailey, who, upon her oath, states that the original record of <sup>birth</sup> death for Hester Kingsbury Bailey, died Nov 5 <sub>born</sub>, 1953, in the State of Missouri, and which was filed at Independence on Nov 5, 1953, should be corrected as follows:

Item No. 14 should read Mary Elizabeth

Instead of Mary Elizabeth

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Mae E. Bailey Wife Relationship

32214. entucky Ave. K.C. Mo. Present Address.

Subscribed and sworn to before me this 7 day of Dec, 1953

My Commission expires Aug 4 - 1955 Lucius B. Shul Notary Public.

Thomas d.

Sarah Frances Jones.