

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38736**

DEC 7 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1061-A

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Buffalo</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>0200</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hosp</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Wiley</u>	b. (Middle) <u>Forest</u>	c. (Last) <u>Bailey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 23-1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 13-1894</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u>2</u> Min. <u>00</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) <u>Dallas County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>W.S. Bailey</u>	13b. MOTHER'S MAIDEN NAME <u>Rosa Medley</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl Bailey</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pearl Bailey Buffalo, Mo.</u>

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchiectasis</u>		
	DUE TO (c) 4201		
11. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>11/16/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Exploratory laparotomy - no definite findings</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 NOV-16, 1953, to NOV 22, 1953, that I last saw the deceased alive on NOV 21, 1953, and that death occurred at 12:20 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward J. Brown M.D.</u>	23b. ADDRESS <u>609 Cherry St - Springfield Mo</u>	23c. DATE SIGNED <u>11/24/53</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-25-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Plad</u>	24d. LOCATION (City, town, or county) (State) <u>Dallas County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-30-53</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Montgomery Funeral Home Buffalo, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed *Clyde Montgomery* _____

Licensed Embalmer No. *3592* _____

P. O. Address *Buffalo, 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.