

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **1607**

FILED JAN 15 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>505 W. Gudgell</b>		d. STREET ADDRESS (If rural, give location) <b>505 W. Gudgell</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>FLORA</b>	b. (Middle) <b>MAE</b>	c. (Last) <b>BAILEY</b>	(Month) <b>January</b>	(Day) <b>1</b>	(Year) <b>1954</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>February 26, 1897</b>	9. AGE (In years last birthday) <b>56</b>	10. UNDER 1 YEAR <b>10</b> MONTHS <b>5</b> DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>High Point, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Lewis J. Lowery</b>	13b. MOTHER'S MAIDEN NAME <b>Maggie Brizendine</b>	14. NAME OF HUSBAND OR WIFE <b>Thomas W. Bailey</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr Thomas W. Bailey</b> ADDRESS <b>Indep., Mo.</b>

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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetes Mellitus</b>		ANTECEDENT CAUSES		<b>4 yrs</b>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertrophic arteriosclerosis</b> <b>Coronary atherosclerosis</b>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) (m.)	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 **29 Dec, 1949**, to **1 Jan, 1954**, that I last saw the deceased alive on **5 Dec, 1953**, and that death occurred at **1:40A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>B. Saunders MD</b>	23b. ADDRESS <b>121 1/2 W. Lexington Indep., Mo.</b>	23c. DATE SIGNED <b>1-2-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-4-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Salem Church</b>
24d. LOCATION (City, town, or county) (State) <b>Jackson County, Missouri</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Geo. C. Carson</b> ADDRESS <b>Indep., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>1-4-54</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	

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

*Richard R. Francis*

Licensed Embalmer No. 4863

P. O. Address

Indy, 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.