FILED MAY 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12264

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Prairie Rural - Jackson
c. LENGTH OF STAY (in this place) 2 Wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jackson County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 90th & Ind. Hickman Mills, 7000
d. STREET ADDRESS (If rural, give location) Rural Jackson County

3. NAME OF DECEASED (Type or Print)
a. (First) Dee
b. (Middle) Douglas
c. (Last) Bailey

4. DATE OF DEATH (Month) (Day) (Year) March 30, 1955

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3
8. DATE OF BIRTH Mar. 16, 1900
9. AGE (In years last birthday) 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General
10b. KIND OF BUSINESS OR INDUSTRY Labor
11. BIRTHPLACE (State or foreign country) Hickory County 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Dave Bailey
13b. MOTHER'S MAIDEN NAME Senath Hammond
14. NAME OF HUSBAND OR WIFE ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO. 500-05-9553
17. INFORMANT'S SIGNATURE OR NAME Erwin Bailey 90 & Ind. Hickman Mill
ADDRESS Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Cancer

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) Cancer of FACE

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. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 191X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
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 (Degree or title) David Wilkinson 0 M.D.
23b. ADDRESS Jackson County Hospital
23c. DATE SIGNED 3-30-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr. 1, 1955
24c. NAME OF CEMETERY OR CREMATORY Mt. Zion
24d. LOCATION (City, town, or county) (State) Quancy, Missouri

DATE REC'D BY LOCAL REG. 3-30-55
REGISTRAR'S SIGNATURE N. B. Langsford 483
25. FUNERAL DIRECTOR'S SIGNATURE Langsford Funeral Home, Lee's Summit
ADDRESS Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 24 1962

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 N. B. Langsford Jr.

Licensed Embalmer No. 4962

P. O. Address Lee's Summit, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.