

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

FILED MAY 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. **15675**

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 189	
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 Independence		c. LENGTH OF STAY (In this place) 9 days		c. CITY OR TOWN Independence (Rural)		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 Sanitarium				e. STREET ADDRESS (If rural, give location) 59th & Norfleet Rd. 7001			
3. NAME OF DECEASED (Type or Print) a. (First) Vaughn			b. (Middle) Corliss		c. (Last) Bailey		4. DATE OF DEATH (Month) (Day) (Year) May 13, 1955
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 19, 1885		9. AGE (In years last birthday) 69	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) Retired Salesman		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Lamoni, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel V. Bailey			13b. MOTHER'S MAIDEN NAME Sarah Jane Corliss		14. NAME OF HUSBAND OR WIFE Lida L. Bailey Independence Mo.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 498-59-3220		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lida L. Bailey, 59th & Norfleet Rd.			
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) Uremia + Terminal bilateral pneumonia INTERVAL BETWEEN ONSET AND DEATH 3-4 months ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bilateral hydronephrosis + nephrosis months DUE TO (c) Carcinoma of Prostate (recurrent) years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) 177X			
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 5-4-55 , 19 55 , to 5-13 , 19 55 , that I last saw the deceased alive on 5-13-55 , 19 55 , and that death occurred at 6:45A m. , from the causes and on the date stated above.							
23a. SIGNATURE Vance E. Link M.D. (Degree or title)				23b. ADDRESS First Natl. Bank Bldg Independence, Missouri		23c. DATE SIGNED 5/13/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/16/55	24c. NAME OF CEMETERY OR CREMATORY Mc Grove Cem.		24d. LOCATION (City, town, or county) (State) Independence, Mo.		
DATE REC'D BY LOCAL REG. 5-16-55		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Independence, Mo.	

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 *Dean W. Huff*

Licensed Embalmer No. *4914*

P. O. Address *Independence*

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.