

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

XC-10 747 512
Reg. No. 7700 SL-4708
FILED AUG 2 - 1955

State File No. **23420**
Registrar's No. **5525**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand, St. Louis, Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OSAGE c. CITY OR TOWN LINN d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 79 days d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		e. STREET ADDRESS (If rural, give location) P. O. Box 321	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) H. c. (Last) Bailey	4. DATE OF DEATH (Month) (Day) (Year) 6-25-1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 5-20-1907	9. AGE (In years last birthday) 48 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist	10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> Carthage, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Edward Bailey	13b. MOTHER'S MAIDEN NAME Pearl Hodson	14. NAME OF HUSBAND OR WIFE Ruth L. Bailey
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) Yes WWII	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, ST. LOUIS, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Laennec's Cirrhosis and Hepatic failure ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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. Splenomegaly and Esophageal Varices	INTERVAL BETWEEN ONSET AND DEATH 9 Yrs. ? 4 Mos.
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19a. DATE OF OPERATION 5-27-1955	19b. MAJOR FINDINGS OF OPERATION Portacaval shunt	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5811
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22. I hereby certify that I attended the deceased from 4-7-55, 19 , to 6-25-55, 19 , ~~and that death occurred at~~ 6:30a m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Harkins</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS VAH, 915 N. Grand, St. Louis, Mo.	23c. DATE SIGNED 6-25-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/25/55	24c. NAME OF CEMETERY OR CREMATORY Carthage, Mo.	24d. LOCATION (City, town, or county) (State) Carthage, Mo.
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DATE REC'D BY LOCAL REG. JUN 27 1955	REGISTRAR'S SIGNATURE <u>J. Carly Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer-Pfitzinger, Kirkwood 22, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

SEP 7 1956

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 *William H. Ferguson*.....

Licensed Embalmer No.....

P. O. Address *Kelms...*.....

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.