

STANDARD CERTIFICATE OF DEATH

8073

State File No. ....

FILED APR 16 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 386

1. PLACE OF DEATH  
 a. COUNTY Buchanan  
 b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph  
 c. LENGTH OF STAY (In this place) 30 yrs  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 518 North 3rd St. Jackson Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Missouri b. COUNTY Buchanan  
 c. CITY OR TOWN St. Joseph  
 d. Is Residence within limits of a city or incorporated town? Yes  No   
 e. STREET ADDRESS (If rural, give location) 316 East Nebraska Avenue

3. NAME OF DECEASED  
 a. (First) JOSEPH b. (Middle) C. c. (Last) BAILEY

4. DATE OF DEATH (Month) (Day) (Year)  
APRIL 2, 1956

5. SEX male  
 6. COLOR OR RACE negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH Aug 11, 1879

9. AGE (In years last birthday) 76  
 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) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (City and State or Foreign Country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Sam Bailey

13b. MOTHER'S MAIDEN NAME Mollie Martin

14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 491-10-1743

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Roy W. Bailey, Plattsburg, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Multiple cerebral hemorrhages with right hemiplegia  
 ANTECEDENT CAUSES Generalized arteriosclerosis  
 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. Chronic cardiac asthma

INTERVAL BETWEEN ONSET AND DEATH  
2 mos. unknown  
unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
331X

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) (Min.)

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 Oct 10, 1955 to April 2, 1956, that I last saw the deceased alive on April 1, 1956, and that death occurred at 3 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Mundy, M.D.

23b. ADDRESS 2801 Sacramento St., City

23c. DATE SIGNED 4/7/56

24a. BURIAL CREMATION REMOVAL (Specify) Burial

24b. DATE April 4, 1956

24c. NAME OF CEMETERY OR CREMATORY Shady Grove Cem.

24d. LOCATION (City, town, or county) (State) Macon, Mo.

DATE REC'D BY LOCAL REG. Apr 9, 1956

REGISTRAR'S SIGNATURE Lothar M. Allison

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Beatrice Gray, St. Joseph, Mo.

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

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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 *Eric J. Murray*.....

Licensed Embalmer No. 4679

P. O. Address *H. Joseph*.....

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.