

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36874**

FILED DEC 12 1956

BIRTH NO. _____		REG. DIST. NO. 1	PRIMARY REG. DIST. NO. 3000	Registrar's No. 373
1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair		
b. CITY OR TOWN Kirkville		c. CITY OR TOWN Kirkville	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) 8 Mo.		STREET ADDRESS (If rural, give location) 416 E. McPherson		
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Nursing Home #2				
3. NAME OF DECEASED (Type or Print) a. (First) Carlos		b. (Middle) H.	c. (Last) Bailey	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 5, 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 19, 1880	9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (City and State or Foreign Country) Scotland, Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME Carlos Bailey		13b. MOTHER'S MAIDEN NAME Lelilah March		14. NAME OF HUSBAND OR WIFE Anice Shinn Bailey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-12-5046		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anice Bailey, Kirkville, Mo.
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) Acute Overwhelming toxemia		INTERVAL BETWEEN ONSET AND DEATH 5 days		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Uremia		
		DUE TO (c) Generalized arteriosclerosis		
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)
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 Jan. 16, 1956 , to Dec. 5, 1956 , that I last saw the deceased alive on Dec. 4, 1956 , and that death occurred at 11:18 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) George H. Scheurer, D.O.		23b. ADDRESS Kirkville, Mo.		23c. DATE SIGNED Dec. 6, 1956
24a. BURIAL CREMATION (Specify)		24b. DATE Dec. 7, 1956	24c. NAME OF CEMETERY OR CREMATORY Greentop	24d. LOCATION (City, town, or county) (State) Greentop, Schuyler, Co. Mo.
DATE REC'D BY LOCAL REG. 12-6-56		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS. Novak Foster Kirkville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Novel E. Foster*.....

Licensed Embalmer No. *4742*

P. O. Address *Kirkville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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