

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7423

STATE FILE NUMBER

FILED APR 8 - 1957

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY <u>Adair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Adair</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>1001 N. Elson St., 0613</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1001 N. Elson St.,</u>		Length of stay in 1b <u>Mrs</u>	d. STREET ADDRESS (If outside, give location) <u>1001 N. Elson St.,</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>First Middle Last</u> <u>Kenneth O Bailey</u>			4. DATE OF DEATH Month <u>Mar.</u> Day <u>28,</u> Year <u>1957</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 2, 1906</u>		9. AGE (In years last birthday) <u>50</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None (Invalid)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Greentop, Mo. D</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>John William Bailey</u>			14. MOTHER'S MAIDEN NAME <u>Mary Anne Dyer</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No X</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>James Bailey, Kirksville, Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Viral Pneumonitis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Inanition and Debilitation</u> DUE TO (c) <u>Ankylosing Rheumatoid Arthritis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH <u>Hours</u> <u>Years</u> <u>Years</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u>a. m.</u> Month <u>p. m.</u> Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <u>3-27-57</u> to <u>3-28-57</u> and last saw <u>her</u> <u>him</u> alive on <u>3-28-57</u> . Death occurred at <u>7:55 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Printer or title) <u>Lyle P. Parker, D.O.</u>			22b. ADDRESS <u>Kirksville, Mo.</u>		22c. DATE SIGNED <u>3-29-57</u>
23a. BURIAL, CREMATION, REMOVAL, & SPECIFY <u>Burial</u>		23b. DATE <u>3/31/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Hills Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Adair County, Mo.</u>
24. FUNERAL DIRECTOR <u>Paul H. [Signature]</u>		ADDRESS <u>Kirksville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-3-1957</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

(Licensed Embalmer's Statement on Reverse Side)

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 *Kenneth E Hayes*
Licensed Embalmer No. *489*

P. O. Address *Wickliffe*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.