

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014064
STATE FILE NUMBER

FILED APR 22 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1662

300
1-57

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, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital #1		d. STREET ADDRESS (If outside, give location) 3518 E. 23rd	
3. NAME OF DECEASED (Type or print) First Jesse Middle M. Last Bailey		4. DATE OF DEATH Month 3 - Day 29 - Year 1958	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 27, 1876
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Stock Yard Worker	11. BIRTHPLACE (City and state or country) Cooper Co., Missouri
12. CITIZEN OF WHAT COUNTRY? U. S.		13. FATHER'S NAME John M. Bailey	
13b. MOTHER'S MAIDEN NAME Ellen Winterline		14. NAME OF HUSBAND OR WIFE Maude Bailey	
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. 486-03-5917	
17. INFORMANT Address Mrs. Marie E. Gregett 3510 Park K.C.Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bronchial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (c) Fracture of left hip		2903 4A	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) Fell on sidewalk.	
20c. TIME OF INJURY Hour 3 - Month 5 - Day 58 a.m. 5 - p.m. 58		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Sidewalk		20f. CITY, TOWN, OR LOCATION COUNTY Jackson STATE Missouri	
21. I attended the deceased from 3-5-58 to 3-29-58 and last saw ^{her} him alive on 3-29-58 Death occurred at 11:40 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) B. I. Burns, M.D.	
22b. ADDRESS General Hospital No. 1		22c. DATE SIGNED 3-31-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 4-1-58	
23c. NAME OF CEMETERY OR CREMATORY Floral Hills		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson Independence, Mo.		25. DATE RECD. BY LOCAL REG. 3-31-58	
26. REGISTRAR'S SIGNATURE Neva Marshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

B. I. Burns

All diseases in Part I must be causally related.
Cause of death must be only standard nomenclature in Part I. No symptoms will be listed.

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 *Raymond E. Stinson*

Licensed Embalmer No. *4266*
P. O. *Independence, 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.