

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033421

State File No. ....

FILED SEP 29 1958

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>106</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Linn</u>				a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. LENGTH OF STAY (In this place) <u>10 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield Township</u>		d. STREET ADDRESS (If rural, give location) <u>Rural, R. F. D. # 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McLarney Hospital</u>							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>Mary</u> b. (Middle) <u>Frances</u> c. (Last) <u>Bailey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20, 1958</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced-3</u>	8. DATE OF BIRTH <u>Oct. 8, 1893</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>		11. BIRTHPLACE (State or foreign country) <u>Linn County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Kearns</u>		13b. MOTHER'S MAIDEN NAME <u>Isabelle Muirhead</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hettie Roberson, Brookfield, Mo.</u> ADDRESS <u></u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Congestive Heart Failure</u>					
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Legionnaire's Disease</u></p> <p>DUE TO (c) <u></u></p>				5 years	
II. OTHER SIGNIFICANT CONDITIONS		<p>Conditions contributing to the death but not related to the disease or condition causing death. <u>Barbiturates - Swan</u></p>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		443 X		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) _____		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 <u>9/19/58</u> , to <u>9-20</u> , 1958, that I last saw the deceased alive on <u>9/20</u> , 1958; and that death occurred at <u>1 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. W. Bohner M.D.</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>Brookfield, Mo.</u>		23c. DATE SIGNED <u>9/22/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 23, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Michael Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-23-58</u>		REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hill Funeral Home, Brookfield, Mo.</u> ADDRESS <u></u>			

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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 .....  
Student Embalmer

Signed

*Gerald I. Wards*

Licensed Embalmer No. 4172

P. O. Address Browning

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