URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

'59 044085

FILED VS JAN - 6 1960 149 Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 6081 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b 1 day ~~45 yrs.~~
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GENERAL HOSP. # 1 — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE KANSAS b. COUNTY WYANDOTTE
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 131 South 16th — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First CHESTER Middle CARL Last BAILEY
4. DATE OF DEATH Month Day Year December 17, 1959
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH OCT 1, 1908
9. AGE (last birthday) 51 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BAKER FAIRFAX BAKING CO.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) WALLULA KANSAS
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME RICHARD A. BAILEY
13b. MOTHER'S MAIDEN NAME PAULINE DOUGHTY
14. NAME OF HUSBAND OR WIFE VERNA BAILEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 487 03 7744
17. INFORMANT Address verna bailey 131 SO. 16th ST. K. C. K.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H. Owens Coroner
22b. ADDRESS 1034 Rialto Bldg
22c. DATE SIGNED 12-18-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE DEC 19, 1959
23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEM
23d. LOCATION (City, town, or county) (State) KANSAS CITY MO.

24. FUNERAL DIRECTOR ADDRESS D. W. NEWCOMER' SONS K. C. MO.
25. DATE RECD. BY LOCAL REG. 12-18-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Hugh H. Owens

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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