MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-010294
STATE FILE NUMBER

AMENDED

Registration District No. 314 Primary Registration District No. 6067 Registrar's No. 17

FILED MAR 30 1961

1. PLACE OF DEATH
a. COUNTY: St. Clair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Speedwell Township
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 5-M-S-E- Tiffin Mo;
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St. Clair
c. CITY OR TOWN: El Dorado Spgs; Rt.5
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: Della Middle: P. Last: Bailey
4. DATE OF DEATH: Month March Day 18 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/27/1900
9. AGE (last birthday): 60
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): Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Carrol County Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Jasper Parsons
13b. MOTHER'S MAIDEN NAME: Effie Wilson
14. NAME OF HUSBAND OR WIFE: Ira W. 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.: None
17. INFORMANT: Ira W. Bailey, Address: Eldorado Spgs; Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH: Sudden
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 11:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Forrest B. Goodrich (Degree or title): Coroner
22b. ADDRESS: Osceola Missouri
22c. DATE SIGNED: 3-19-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/21/61
23c. NAME OF CEMETERY OR CREMATORY: Benjamin
23d. LOCATION (City, town, or county): Amoret (State): Missouri
24. FUNERAL DIRECTOR: GOOdrich Funeral Home, ADDRESS: Osceola Mo.
25. DATE RECD. BY LOCAL REG.: 3-19-61
26. REGISTRAR'S SIGNATURE: Ruth Sewers

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 F B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola Me

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.