

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043450

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1700

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 9 1963

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 8 days	c. CITY OR TOWN Goodson, Mo. -Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Robert Jerry Bailey			4. DATE OF DEATH Month Day Year December 1, 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 10 1907	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months 2 Days 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Sullivan County, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George Bailey		13b. MOTHER'S MAIDEN NAME Cora Mae Boyd		14. NAME OF HUSBAND OR WIFE None	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		17. INFORMANT George Bailey		Address Goodson, Mo.	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH 48 hrs.
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 Month, Day, Year s.m. p.m.			
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 10-30-63 to 12-1 and last saw her alive on 12-1.
Death occurred at 4:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>W. L. Lemmon MD</i> (Degree or title)	22b. ADDRESS Springfield, Mo	22c. DATE SIGNED 12-3-63 (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 4, 1963	23c. NAME OF CEMETERY OR CREMATORY Busby Cemetery	23d. LOCATION (City, town, or county) (State) Newtown, Missouri
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24. FUNERAL DIRECTOR Montgomery Funeral Home/ Buffalo, Missouri	25. DATE RECD. BY LOCAL REG. 12-4-63	26. REGISTRAR'S SIGNATURE <i>Bernie Medley</i>
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(Licensed Embalmer's Statement on Reverse Side)

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Rev. 4/59
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94201
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MISSOURI DEPARTMENT OF HEALTH

DEC 13 1963

DEC 18 1963

12/1/63

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 Vernon H. Viets
Vernon H. Viets

Licensed Embalmer No. 5083

P. O. Address Buffalo, Missouri

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.