

FILED MAR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1402

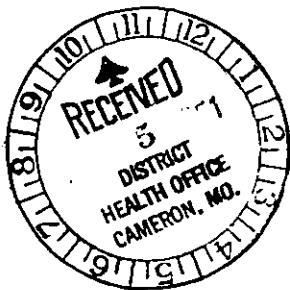
BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Stanherry</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Stanherry</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>at Home 206 Alonthis Ave</i>		d. STREET ADDRESS (If rural, give location) <i>206 Alonthis Ave.</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Mr. George</i> b. (Middle) <i>WASHINGTON</i> c. (Last) <i>BAILEY</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Feb 20 1951</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>API-26-1876</i>
9. AGE (In years last birthday) <i>74</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Wabach Bridge Foreman</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>wabach RR</i>
11. BIRTHPLACE (State or foreign country) <i>Henry Co Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>James Bailey</i>		13b. MOTHER'S MAIDEN NAME <i>Hester Morrison</i>	
14. NAME OF HUSBAND OR WIFE <i>Lattie Mae Bailey</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	
16. SOCIAL SECURITY NO. <i>702-05-6931</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Lattie Mae Bailey</i> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Apoplexy</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Hemiplegia - 1946</i>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 <i>1946</i> , 19____, to <i>Feb 20, 1951</i> , that I last saw the deceased alive on <i>Feb 22, 1951</i> , and that death occurred at <i>7 P.M.</i> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <i>R. V. Milligan J.D.</i>		23b. ADDRESS <i>Stanherry Mo</i>	
23c. DATE SIGNED <i>2-26-51</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY <i>Hwy 81 Rd Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>Stanherry Henry Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Lattie H. Phillips</i> ADDRESS <i>Stanherry Mo</i>	
DATE REC'D BY LOCAL REG. <i>Feb 28 1951</i>		REGISTRAR'S SIGNATURE <i>Edwin Abble</i> 4301	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.~~

Signed _____

Leroy F. Phillips

Licensed Embalmer No. _____

1898

P. O. Address _____

Stoubery Mo

Signed _____
Student Embalmer

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.