

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11369**

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Baring</u>	
c. LENGTH OF STAY (In this place) <u>22 days</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital & Clinic</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>Frank</u>	c. (Last) <u>Dailing</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-9-1949</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-17-1872</u>	9. AGE (In years last birthday) <u>76'</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>	10b. KIND OF BUSINESS/OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Baring, Missouri</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Peter Dailing</u>	13b. MOTHER'S MAIDEN NAME <u>Judith Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Annie E. Dailing</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Annie E. Dailing</u>	ADDRESS <u>Baring Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
	*ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>prostatic hypertrophy (benign)</u>		"
DUE TO (c) <u>610X</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Suprapubic cystostomy for bladder stone November 1948</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none at this admission</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 3-18-49 to 4-9-49, 1949, that I last saw the deceased alive on 4-9-49, 1949, and that death occurred at 10:15 pm, from the causes and on the date stated above.

23a. SIGNATURE <u>Paul Laughlin D.D.</u> (Degree or title)	23b. ADDRESS <u>Kirksville, Mo.</u>	23c. DATE SIGNED <u>4-10-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 12, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Aloysius Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Baring Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-12-49</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Kriegerhauser</u>	ADDRESS <u>Edema Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

District Health Officer N

District File Number 448

Date Filed APR 26 1949

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

Paul C. Kriegshauser

Licensed Embalmer No. 4085

P. O. Address *Edina Mo.*

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.