

FILED MAY 2 1949 STANDARD CERTIFICATE OF DEATH

State File No. 11528

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>472</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oregon</u> b. COUNTY <u>Lane</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>18 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Junction City</u>		<u>999</u> <u>35</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>1220 Juniper, St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u>			b. (Middle) <u>Benjamin</u>		c. (Last) <u>Dailey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 17, 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3/9/1903</u>		9. AGE (in years last birthday) <u>46</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Minister</u>		11. BIRTHPLACE (State or foreign country) <u>Dewitt, Arkansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Benjamin F. Dailey</u>			13b. MOTHER'S MAIDEN NAME <u>Lillie Simpson</u>			14. NAME OF HUSBAND OR WIFE <u>Ester Dailey</u>			
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. <u>541-32-7223</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ester Dailey-Junction City, Oregon</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.								INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema, acute</u>									
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Disease,</u> <u>arteriosclerotic and hypertensive</u> DUE TO (c) _____								<u>4 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>7200</u>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)			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 <u>4/1</u> , 19 <u>49</u> , to <u>4/17/49</u> , 19 <u> </u> , that I last saw the deceased alive on <u>4/16/49</u> , 19 <u> </u> , and that death occurred at <u>12:40 p</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u>					23b. ADDRESS <u>301 W. 8th, St. Joseph, Mo.</u>			23c. DATE SIGNED <u>4/22/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/22/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Alfred Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Junction City, Oregon</u>			
DATE REC'D BY LOCAL REG. <u>Apr 26, 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stamey Funeral Home-St. Joseph, Mo.</u>				

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

JUL 19 1951

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

Charles M. Stuman

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.