

No. 300  
10-48

FILED APR 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11629

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 144

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

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Route 2 Poplar Bluff</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff, Missouri</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctors Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Poplar Bluff, Mo.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b>	b. (Middle) <b>Francis</b>	c. (Last) <b>Bailey</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>4 19 1949</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 17, 1911</b>	9. AGE (In years last birthday) <b>37</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>2</b>	IF UNDER 2 WKS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home bld'g</b>	11. BIRTHPLACE (State or foreign country) <b>Richmond, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Pleasant Bailey</b>	13b. MOTHER'S MAIDEN NAME <b>Francis Lear</b>	14. NAME OF HUSBAND OR WIFE <b>Grace Bailey</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. <b></b>	17. INFORMANT'S SIGNATURE OR NAME <b>Grace Bailey</b>	ADDRESS <b>Rt 2 Poplar Bluff, Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Gastroenteritis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Food poisoning</b> DUE TO (c) <b></b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>		<b>0492</b>	

19a. DATE OF OPERATION <b></b>	19b. MAJOR FINDINGS OF OPERATION <b></b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b></b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b></b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b></b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b></b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b></b>
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22. I hereby certify that I attended the deceased from **18 Apr, 1949**, to **19 Apr, 1949**, that I last saw the deceased alive on **19 Apr, 1949**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W.H. Johnson</b>	23b. ADDRESS <b>Poplar Bluff, Mo.</b>	23c. DATE SIGNED <b>22 Apr 49</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>4-22-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Love Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>April 22, 1949</b>	REGISTRAR'S SIGNATURE <b>W.H. Johnson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Greer Croy</b>	ADDRESS <b>Fitch Poplar Bluff, Mo.</b>
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APR 25 REC'D

BUTLER COUNTY HEALTH CENTER

449-69  
APR 25 1950  
449-25-49

**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 \_\_\_\_\_

*Wallace N. Fitch*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*3859*

P. O. Address \_\_\_\_\_

*Poplar Bluff, 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.