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

SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29845

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 4185 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY OR TOWN St. Clair		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Clair, mo	
c. LENGTH OF STAY (in this place) 1 year		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) ETHEL b. (Middle) BAILEY c. (Last) DAZEY			4. DATE OF DEATH (Month) (Day) (Year) SEPT 5, 1949		
5. SEX Female		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH OCT. 22, 1913		9. AGE (In years last birthday) 35		10. 11. 12. (If under 1 year: Months) (If under 12 mos. Hours) (If under 24 hrs. Min.) 10 13	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) shoe worker		10b. KIND OF BUSINESS OR INDUSTRY International Shoe		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME CHANCEY BAILEY		13b. MOTHER'S MAIDEN NAME MARGIE RUPERT		14. NAME OF HUSBAND OR WIFE ELMER DAZEY	
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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) no		16. SOCIAL SECURITY NO. 494-09-6349		17. INFORMANT'S SIGNATURE OR NAME + Elmer K. Daze, St. Clair, mo	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) STATUS Asthmaticus		INTERVAL BETWEEN ONSET AND DEATH 10 days	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intrinsic Asthma			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		241X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 9-4-49 to 9-5-49, 1949, that I last saw the deceased alive on 9-4-49 and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. E. Mitchell (Degree or title)		23b. ADDRESS St. Clair, mo		DATE SIGNED 9-7-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/7/49		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion	
				24d. LOCATION (City, town, or county) St. Clair, mo	

DATE REC'D BY LOCAL REG. 9-7-1949		REGISTRAR'S SIGNATURE E. L. Worthington		25. FUNERAL DIRECTOR'S SIGNATURE + Casey & Russell, St. Clair, mo	
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