

FILED MAY 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15861**

0184

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

BIRTH NO.		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>156</u>			
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. LENGTH OF STAY (In this place) <u>1 1/2 Hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		<u>0104</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1104 Highland</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>CARL</u> c. (Last) <u>DAILEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 16, 1950</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>July 17, 1901</u>		9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pressman for Missouri</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer's Association</u>		11. BIRTHPLACE (State or foreign country) <u>Audrain County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>James Robert Dailey</u>			13b. MOTHER'S MAIDEN NAME <u>Dora Belle Sharp</u>		14. NAME OF HUSBAND OR WIFE <u>Leona Wainscott 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>490-07-2970</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Robt. Carl Dailey, Columbia, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage, cerebral artery 1da,</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>course undetermined</u> DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH  <u>331X</u>		
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 <u>May 15, 1950</u> to <u>May 16, 1950</u> , that I last saw the deceased alive on <u>May 16, 1950</u> , and that death occurred at <u>12:10pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>James M. Parker, M.D.</u>				23b. ADDRESS <u>Columbia, Mo.</u>			23c. DATE SIGNED <u>May 16, 1950</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 17, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>May 17 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		31		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parker Funeral Service, Columbia, Mo.</u>			

JUN 17 1958

RECEIVED  
MAY 22 1958  
District Health Officer No. 9,  
District File Number \_\_\_\_\_

MAY 31 1958

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*M. S. Whitcomb*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3893

P. O. Address Columbia 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.