

FILED JAN 12 1951

STANDARD CERTIFICATE OF DEATH

State File No. **3501**

BIRTH NO. _____ REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **6128** Registrar's No. **102**

1. PLACE OF DEATH a. COUNTY SHANNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SHANNON	
b. CITY (If outside corporate limits, write RURAL and give township) EMINENCE		c. CITY (If outside corporate limits, write RURAL and give township) EMINENCE	
c. LENGTH OF STAY (in this place) 5 YEARS		1010 17	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) WILEY	b. (Middle) —	c. (Last) DAILEY	4. DATE OF DEATH (Month) (Day) (Year) JAN 1 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH SEPT 3, 1870	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 3 Days 27	IF UNDER 24 HRS. Hours — Mins. —
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PENSIONER	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) VIENNA MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILLIAM WILEY DAILEY	13b. MOTHER'S MAIDEN NAME LILLA (NO RECORD OF SURNAME)	14. NAME OF HUSBAND OR WIFE GRISELDA DAUGHERTY
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Frances Orchard	ADDRESS Eminence
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LEFT VENTRICULAR CARDIAC FAILURE		INTERVAL BETWEEN ONSET AND DEATH 30 MIN 4:15 P 3 MONTHS
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____		
	DUE TO (c) _____ COLON HEMORRHAGES <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> CAUSE UNKNOWN		

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 **DEC 25, 1950**, to **DEC 25, 1950**, that I last saw the deceased alive on **DEC 25, 1950**, and that death occurred at **3:00 P m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. Joseph P. Fernandez Coronel (Degree or title) Coronel	23b. ADDRESS Eminence	23c. DATE SIGNED JAN 2, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN 2, 1951	24c. NAME OF CEMETERY OR CREMATORY EMINENCE	24d. LOCATION (City, town, or county) (State) EMINENCE
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DATE REC'D BY LOCAL REG. Jan 6, 51	REGISTRAR'S SIGNATURE Mabel Reel	447	25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 11 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.