

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

0730  
State File No. 09423

730

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 5844 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Seneca</u>	c. LENGTH OF STAY (In this place) <u>21 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Seneca, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles E. of Seneca</u>		d. STREET ADDRESS (If rural, give location) <u>5 Miles E. of Seneca, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Merry</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Gailey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 24, 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Mar.</u>	8. DATE OF BIRTH <u>June 8, 1898</u>
9. AGE (In years last birthday) <u>52</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Beckett</u>		13b. MOTHER'S MAIDEN NAME <u>Polly Sharp</u>	14. NAME OF HUSBAND OR WIFE <u>James Gailey</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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>James Gailey, Welo Park, Mo.</u> ADDRESS _____
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u>  ANTECEDENT CAUSES DUE TO (b) <u>Valvular heart lesions</u> DUE TO (c) <u>Diabetes mellitus</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260X</u>	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) (m.)		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>July, 1948</u> to <u>Mar 24, 1951</u> , that I last saw the deceased alive on <u>Mar 24, 1951</u> , and that death occurred at <u>5:30 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John B. Boland, D.O.</u> (Degree or title)		23b. ADDRESS <u>Seneca Mo.</u>	23c. DATE SIGNED <u>3/26/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/27/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Burkhart Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Racine, Missouri</u>
DATE REC'D BY LOCAL REG. <u>3/26/51</u>	REGISTRAR'S SIGNATURE <u>Phyllis Britton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Reddum</u> ADDRESS <u>Seneca Mo.</u>	

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number 451-78

Date Filed \_\_\_\_\_

---

---

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 W E Biddlecome

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2174

P. O. Address Geneva Ma

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.