X
S. No. 300
v. 10-48

670
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34395

FILED NOV 13 1951

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5789 Registrar's No. 65

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

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-St. James Twp.
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8 mi. S.E. of East Prairie

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Miss
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-St. James Twp. 0571
d. STREET ADDRESS (If rural, give location): 8 mi. S.E. of East Prairie

3. NAME OF DECEASED (Type or Print)
a. (First): EFFIE
b. (Middle):
c. (Last): BAILEY

4. DATE OF DEATH (Month) (Day) (Year): Oct. 19, 1951

5. SEX: Female
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Sept. 6, 1946
9. AGE (In years last birthday): 5 — If under 1 year: Months 1, Days 13 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Miss. Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Walter Bailey
13b. MOTHER'S MAIDEN NAME: Mary Hollaway
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Walter Bailey - East Prairie, Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): BASAL SKULL FRACTURE — INTERVAL BETWEEN ONSET AND DEATH: E9021

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Child was dragged behind trailer loaded with cotton, child either jumped
DUE TO (c): or fell from trailer and foot caught — 21

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
in framework of trailer. Father of child, driver of the car pulling trailer, found child dead 1 ½ miles from starting point

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 067
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 19, 1951 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell or jumped from trailer-Dragged to death.

22. *I hereby certify that I attended the deceased from* ATTENDED, AS CORONER ONLY, *19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 11:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): CORONER
23b. ADDRESS: Charleston, Mo
23c. DATE SIGNED: 10/20/1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 20, 1951
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove
24d. LOCATION (City, town, or county) (State): Charleston, Mo

DATE REC'D BY LOCAL REG.: 11-6-51
REGISTRAR'S SIGNATURE: Gertrude G. Harper
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Travis Shelby East Prairie

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miss. Co. Health Dept
County File No.
Date Filed NOV 9

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.