

FILED SEP 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26669**

No. 300
10.48

0280

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

BIRTH NO. 51537-54 REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5326 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL-MERAMEC</u>		c. LENGTH OF STAY (in this place) <u>10 DAYS</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL-MERAMEC TWP.</u>		d. STREET ADDRESS (If rural, give location) <u>2 MILES E. OF STEELVILLE MO.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 MILES E. OF STEELVILLE</u>			d. STREET ADDRESS (If rural, give location) <u>2 MILES E. OF STEELVILLE MO.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>VIRGINIA</u> c. (Last) <u>BAILEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 15-1954</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG. 5-1954</u>		9. AGE (In years last birthday) if UNDER 1 YEAR: Months <u>10</u> Days <u>10</u> if UNDER 24 Hrs. Hours <u>10</u> Mins. <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>STEELVILLE, MISSOURI.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>JAMES BAILEY</u>		13b. MOTHER'S MAIDEN NAME <u>VIRGINIA CATLETT</u>		14. NAME OF HUSBAND OR WIFE	
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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JAMES BAILEY - STEELVILLE 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, asthenia, etc. It means the disease, injury, or complication which caused death.					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>slight cold</u>					
DUE TO (c)					
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>470x</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) (Min.)		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>Aug 5, 1954</u> , to <u>Aug 14, 1954</u> , that I last saw the deceased alive on <u>Aug 14, 1954</u> , and that death occurred at <u>3:30 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Dr. J. H. Robey</u>			23b. ADDRESS <u>Steelville Mo</u>		23c. DATE SIGNED <u>8/20/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-15-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EATON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CRAWFORD Co, MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>9/4/54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lechua Thomas</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>505-0 Steelville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas S. Halbert

Licensed Embalmer No. 4337

P. O. Address Helville, 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.