

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25142

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <b>Wright</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wright</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mountain Grove</b>		c. CITY OR TOWN <b>Mountain Grove</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>6 years</b>		e. STREET ADDRESS (If rural, give location) <b>1140</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Floyd</b>	b. (Middle) <b>B</b>	c. (Last) <b>Dailey</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 23 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 23, 1888</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HOUR Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Doctor of Medicine</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>M.D. retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Quincy, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Cora Dailey</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>489-36-8661</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Cora Dailey</b> ADDRESS <b>Mountain Grove, Mo</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <b>4201</b>	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) (Min.)	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 **8-10-1954**, to **6-23-1955**, that I last saw the deceased alive on **6-22-1955**, and that death occurred at **4:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>L. W. Blumley M.D.</b>	23b. ADDRESS <b>Mtn. Grove Mo.</b>	23c. DATE SIGNED <b>6-25-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 28, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hill Crest Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Mtn. Grove, Mo</b>
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DATE REC'D BY LOCAL REG. <b>6-27-55</b>	REGISTRAR'S SIGNATURE <b>A.B. Ames</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Russ Borch</b> ADDRESS <b>Mtn. Grove Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number 755-77  
Date Filed JUL 15 1955

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.....  
Signature of Student Embalmer

Signed.....  
*R. W. Barber*

Licensed Embalmer No. 384  
P. O. Address *Mtn. 97*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.