0.300
0.48

FILED AUG 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28685

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 4502 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Puxico
c. LENGTH OF STAY (in this place) 60 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at his home in Puxico

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Stoddard,
c. CITY OR TOWN Puxico Missouri
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) 1239

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) A. c. (Last) Dailey
4. DATE OF DEATH (Month) 8 (Day) 10 (Year) 55

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 3-8-1873
9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months 5 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmeing
11. BIRTHPLACE (City and State or Foreign Country) Hamilton Co Illinois
12. CITIZEN OF WHAT COUNTRY? U S A.

13a. FATHER'S NAME Keelen Dailey
13b. MOTHER'S MAIDEN NAME Sarah Trotter
14. NAME OF HUSBAND OR WIFE Lora Dailey Puxico Mo.

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. No
17. INFORMANT'S SIGNATURE OR NAME Lora Dailey Puxico Mo. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 794 X
20. AUTOPSY? YES [ ] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1952, to 8-10, 1955, that I last saw the deceased alive on 8-10, 1955, and that death occurred at 10:30 P m., from the causes and on the date stated above.*

23a. SIGNATURE V. H. Shillings (Degree or title) Do.
23b. ADDRESS Puxico Mo.
23c. DATE SIGNED 8/13/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burail
24b. DATE Aug. 13 .55
24c. NAME OF CEMETERY OR CREMATORY Puxico
24d. LOCATION (City, town, or county) (State) Puxico Missouri

DATE REC'D BY LOCAL REG. 8/20/55
REGISTRAR'S SIGNATURE Pearl Reed 490
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.L. Watkins & Sons Puxico Mo,

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Earl H. Watkins.....

Licensed Embalmer No. 49G

P. O. Address. Dexter,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.