

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25440

FILED JUL 18 1956

STATE FILE NUMBER

317

544

1614

Registration District No. Primary Registration District No. Registrar's No.

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bernie		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		Length of stay in lb 5 hrs.	d. STREET ADDRESS R.F.D. #1		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Benny Middle Ray Last Dailey			4. DATE OF DEATH Month June Day 30 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 13, 1940	9. AGE (In years last birthday) 15	IF UNDER 1 YEAR Months 15 Days 15 Hours 15 Min. 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and state or country) Malden, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Burkley Dailey			14. MOTHER'S MAIDEN NAME Frances Williams		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address J.B. Dailey, Bernie, Mo. R.F.D. #1		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Concussion Cerebral Severe Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 8240 DUE TO (c) 32					INTERVAL BETWEEN ONSET AND DEATH 27 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 32					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II if applicable) Trench accident			
20c. TIME OF INJURY Hour 6 Month 30 Day 56 Year 56		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Road			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Bernie, Missouri		20g. COUNTY STATE Missouri	
21. I attended the deceased from 6-30-56 to 6-30-56 and last saw him alive on 6-30-56 Death occurred at 8:45 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Robert A. Donohue			22b. ADDRESS 6944 Chapin		22c. DATE SIGNED 6-30-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-1-56	23c. NAME OF CEMETERY OR CREMATORY Bernie		23d. LOCATION (City, town, or county) (State) Bernie, Missouri.
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. 7-3-56		26. REGISTRAR'S SIGNATURE Robert A. Donohue	

(Licensed Embalmer's Statement on Reverse Side)

MAY 2 1957

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 *Elmo R. Sadwell*

Licensed Embalmer No. *407*

P. O. Address *St. Louis*

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.