

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38832**

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4332 Registrar's No. 39

1. PLACE OF DEATH. a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MADISON</u>		c. CITY OR TOWN <u>MADISON</u>	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) <u>18 Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>0690</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>IRA</u> b. (Middle) <u>TAYLOR</u> c. (Last) <u>DAILEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 3, 1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Nov 17, 1878</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Days _____ Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MONROE COUNTY</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>A. JACK DAILEY</u>			
13b. MOTHER'S MAIDEN NAME <u>MARTHA CLARK</u>		14. NAME OF HUSBAND OR WIFE <u>CADDO E. DAILEY</u>			
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>MRS. HARRY DEEKER, MADISON Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		DUE TO (b) <u>Hypertension</u>			<u>5 days</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			<u>2 years.</u>
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		<u>331X</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Accident</u>		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 <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 11-28, 1956, to 12-3, 1956, that I last saw the deceased alive on 12-3, 1956, and that death occurred at 7:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Turner, D.O.</u>		23b. ADDRESS <u>MADISON Mo.</u>		23c. DATE SIGNED <u>12-4-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 5, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BETHEL CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>HOLIDAY, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed & Blakey,</u>		ADDRESS <u>PARIS, MISSOURI.</u>	
DATE REC'D BY LOCAL REG. <u>12-7-56</u>		REGISTRAR'S SIGNATURE <u>Edwin Robertson</u>			

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

471-0

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.....
A. B. Blakey

Licensed Embalmer No. *2614*

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