

FILED MAR 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5160

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Prairie</u> c. LENGTH OF STAY (In this place) <u>1 yr.</u>		c. CITY OR TOWN <u>Dodson</u> d. If Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hosp</u>		f. STREET ADDRESS (If rural, give location) <u>87th + Indiana 7000</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>E</u> c. (Last) <u>Dailey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 18 - 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Feb 1873</u>
9. AGE (In years last birthday) <u>83</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Painter</u>
11. BIRTHPLACE (City and State, Foreign Country) <u>Dixon Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Willard Dailey</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Townsend</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (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 Regina Roper 4120 Chestnut</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>K.C. Mo.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Arteriosclerosis</u> 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		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) 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 <u>3-15, 1956</u> , to <u>2-18, 1957</u> , that I last saw the deceased alive on <u>2-18, 1957</u> , and that death occurred at <u>11:00 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul Wilson M.D.</u>		23b. ADDRESS <u>Johnson County Hosp</u>	23c. DATE SIGNED <u>2-19-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2-20-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>
DATE REC'D BY LOCAL REG. <u>2-19-57</u>	REGISTRAR'S SIGNATURE <u>N. B. Langford</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>France-Wornall Funeral Home K.C. Mo</u>	

WRITE PLAINLY—USING UNFAADING 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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Russell N. Fran*

Licensed Embalmer No. 425

P. O. Address K 0 7

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.