

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14149**

FILED APR 22 1957

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 3052 Registrar's No. 203

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia (209 E. 7th St)</u>		c. CITY OR TOWN <u>Fristoe</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3.5 days</u>		e. STREET ADDRESS (If rural, give location) <u>4 Miles S.W. of 80</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dovie</u> b. (Middle) <u>Rachel</u> c. (Last) <u>Bailey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 15, 1957</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Dec 6, 1905</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>9</u>	IF UNDER 2 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Benton Co., Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Emory M. Norman</u>	13b. MOTHER'S MAIDEN NAME <u>Nettie S. Shull</u>	14. NAME OF HUSBAND OR WIFE <u>Juan Bailey</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Miller</u>	ADDRESS <u>2618 E 8th St Kansas Mo</u>
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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* <u>Uremia + Bilateral Pyonephritis</u> <u>Presumptive urinary cystitis and medullary carcinoma of urinary bladder</u> <u>Primo Epidermoid Carcinoma of Cervix Uteri</u>		<u>2 mo.</u> <u>2 mo.</u> <u>1 yr</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>None</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> 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 Jan 10, 1956, to Apr 15, 1957, that I last saw the deceased alive on Apr 10, 1957, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Sussalby DD</u>	23b. ADDRESS <u>Warsaw, Mo</u>	23c. DATE SIGNED <u>Apr 16, 1957</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr 17, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Concord Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fristoe Benton Co, Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-17-57</u>	REGISTRAR'S SIGNATURE <u>Frances Shelby</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Piser</u>	ADDRESS <u>Warsaw</u>
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MAR 24 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 *John F. Reser*

Licensed Embalmer No. *409*

P. O. Address *Warren*

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.