

Health, Welfare and Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018351
STATE FILE NUMBER

FILED JUN 15 1959 Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 56

300
-57

1. PLACE OF DEATH a. COUNTY LINN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY LINN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BROOKFIELD		c. CITY OR TOWN MARCELINE ⁰⁵⁸¹	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cramer Conv. Home		d. STREET ADDRESS (If outside, give location) 128 E. Walker	
Length of stay in 1b 3 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JAMES Middle JOSEPH Last DAILEY			4. DATE OF DEATH Month June Day 4th Year 1959		
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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 July 10, 1874	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 10 Days 24	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) painter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Brookfield, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Peter J. Dailey	13b. MOTHER'S MAIDEN NAME Mary Ann Filan	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 500-36-0672	17. INFORMANT Mary Miller	Address Marceline, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
DUE TO (b) Probably metastatic carcinoma of lung		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 165X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input 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 of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Brookfield, Mo.	COUNTY LINN	STATE MO.
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21. I attended the deceased from 1957 to 1959 and last saw her alive on June 4, 1959 Death occurred at 11:45 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. D. Howell (Degree or title) M.D.	22b. ADDRESS Brookfield, Mo.	22c. DATE SIGNED 6-5-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE June 6, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Michaels	23d. LOCATION (City, town, or county) (State) Brookfield, Mo.
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24. FUNERAL DIRECTOR James M. Paughlin	ADDRESS Marceline, Mo.	25. DATE RECD. BY LOCAL REG. 6-6-1959	26. REGISTRAR'S SIGNATURE Katharine Johnson ^{recd.}
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *James B. Mc Clelland*

Licensed Embalmer No. *4230*
P. O. Address *Brookfield, 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.