

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020907
State File No.

FILED JUL 10 1959

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 4183 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If within corporate limits, write RURAL and give township) <u>Pacific</u>	c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <u>Pacific</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home 311 Pacific St.</u>		e. STREET ADDRESS (In rural, give location) <u>311 Pacific St</u>	

3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Lawrence</u> c. (Last) <u>Dailey</u>			A. DATE OF DEATH (Month) (Day) (Year) <u>June 21 1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 5. 1882</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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 _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		

13a. FATHER'S NAME <u>James Dailey</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen M. Namee</u>	14. NAME OF HUSBAND OR WIFE <u>Rose C. Dailey</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) _____	16. SOCIAL SECURITY NO. <u>498-10-8311</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rose Dailey</u> ADDRESS <u>Pacific Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of oral cavity & multiple metastasis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinomatous atherosclerosis</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>144X</u> 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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR _____
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22. I hereby certify that I attended the deceased from April 1957, to June 21, 1959, that I last saw the deceased alive on June 21, 1959, and that death occurred at 9:30 m. from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Pacific Mo.</u>	23c. DATE SIGNED <u>6/21/59</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>June 24 59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Bridget's</u>	24d. LOCATION (City, town, or county) (State) <u>Pacific Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6/21/1959</u>	REGISTRAR'S SIGNATURE <u>Mary B. Greig</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. John L. Huber</u> ADDRESS <u>Pacific Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

94-0

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 *Ralph Oltmann*.....
Licensed Embalmer No. *4808*

P. O. Address..... *Union T*

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.