

FILED VS NOV 16 1959

ENDED

Registration District No. 128 Primary Registration District No. 1179A Registrar's No. 1179A STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rogersville, Washington Twp.</u>		Length of stay in 1b		c. CITY OR TOWN <u>Rogersville R#2</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
c. FULL NAME OF (IF NOT in Hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>Washington Jwp.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Middle Last <u>George Edward Dailey</u>				4. DATE OF DEATH Month Day Year <u>Nov 1 1959</u>											
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>Oct. 15, 1880</u>		9. AGE (last birthday) <u>79</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Station Operator</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>GAS AND Grocery</u>				11. BIRTHPLACE (City and state or country) <u>Burkley Co, W. Virginia</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Dailey</u>				13b. MOTHER'S MAIDEN NAME <u>JN KOWN</u>				14. NAME OF HUSBAND OR WIFE <u>Divorced</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>491-10-8886</u>				17. INFORMANT <u>Georgia Smith, Rogersville mo R#2</u>				Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gun shot wound in throat</u>										INTERVAL BETWEEN ONSET AND DEATH					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>He apparently shot himself in the throat with a 12ga. shotgun. He no doubt did the act himself.</u>											
20c. TIME OF INJURY Hour <u>15</u> a.m. <u>Nov. 1, 1959</u> Month, Day, Year															
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at station home</u>		20f. CITY, TOWN, OR LOCATION <u>Rt. 2, Rogersville, Greene, Missouri</u>		COUNTY		STATE							
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at <u>aprox 8:15 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <u>Ralph Thorne</u> (Degree or title) <u>Greene County Coroner</u>				22b. ADDRESS <u>Springfield, Missouri</u>				22c. DATE SIGNED <u>11/1/59</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 4, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Smith Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Rogersville Rural, Missouri</u>							
24. FUNERAL DIRECTOR <u>W.C. Ferrell, Rogersville, Mo.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>11-10-59</u>		26. REGISTRAR'S SIGNATURE <u>Effie S. Mellon</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 20 1967

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 How. J. Lowell

Licensed Embalmer No. 4947

P. O. Address Mansfield, N.H.

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.