

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027966

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Registration District No. _____ Primary Registration District No. 6222 Registrar's No. 91

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Township		Length of stay in 1b 10 days		c. CITY OR TOWN Richmond		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Ray County Memorial Hospital			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 200 So. College		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last George Edwin Dailey Sr.				4. DATE OF DEATH Month Day Year July 26, 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-7-1875		9. AGE (last birthday) 85		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) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farmer			11. BIRTHPLACE (City and state or country) Chariton County, Missouri			12. CITIZEN OF WHAT COUNTRY United States				
13a. FATHER'S NAME Edward N. Dailey			13b. MOTHER'S MAIDEN NAME Bettie Harlow			14. NAME OF HUSBAND OR WIFE							
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. None			17. INFORMANT Geneva Elliott, Richmond, Missouri			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) Malnutrition Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Senile psychosis DUE TO (c)									INTERVAL BETWEEN ONSET AND DEATH 6 weeks 3 weeks				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Recent cholecystectomy - 6 wks ago									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 type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <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		COUNTY		STATE			
21. I attended the deceased from 7-15-60 to death and last saw <input checked="" type="checkbox"/> him <input type="checkbox"/> her live on 7-25-60 Death occurred at 1:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) J. A. Crozier, M.D.						22b. ADDRESS Richmond, Mo.				22c. DATE SIGNED 7-27-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 28, 1960		23c. NAME OF CEMETERY OR CREMATORY Craven		23d. LOCATION (City, town, or county) Camden, Missouri		(State)					
24. FUNERAL DIRECTOR Quest Life Funeral Home Richmond, Missouri				25. DATE RECD. BY LOCAL REG. 7-29-1960		26. REGISTRAR'S SIGNATURE Malul Jackson							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.