

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **3027**

Primary Registration District No. **3029**

Registrar's No. **98**

1. PLACE OF DEATH:

(a) County Marion
 (b) City or town Hannibal, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St Elizabeth Hospital.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 hrs.
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
Marion
 (c) City or town Perry
Hannibal, Missouri.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Calvin V. Bailey. **453**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Child.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: March, 14, 1940
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>2</u>	hr. _____ min.

9. Birthplace Ralls County, Missouri.
 (City, town, or county) (State or foreign country)

10. Usual occupation Child.

11. Industry or business _____

12. Name Carl W. Bailey. **0**

13. Birthplace Ralls County, Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Lamona Lorene

15. Birthplace Ralls County, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Carl W. Bailey

(b) Address Vandalia, Missouri.

17. (a) Burial (b) Date thereof 3/17/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia, Mo.

18. (a) Signature of funeral director Chas. C. Willey

(b) Address Perry, Missouri

19. (a) 3-18-40 (b) H. C. Fisher
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
 year 1940 hour 9th minute _____ M.

21. I hereby certify that I attended the deceased from 3/15-1940, 19____, to 3/16, 1940
 that I last saw him alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death: Resumbagic Uremic New Born Duration 2 Days

Due to: Premature Infant 2 Days

Due to: Pulmonary atelectasis & Unrespirated aspiration pneumonia 2 Days & 1 Day

Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: NO NO
 Of operations _____
 Of autopsy NO

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. E. Bultman MD (M. D. or D. O.)
 Address Hannibal MO Date signed 3/27/40

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

Rev. 5-17-39 1 x1911

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P.O. Address.....

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 this body is not embalmed, above space should be left blank.