

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO.		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>4479</u>		Registrar's No. <u>4</u>		
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Queen City</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Queen City, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>3</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samantha</u>			b. (Middle) <u>Bailey</u>		c. (Last) <u>Bailey</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 13 1949</u>								
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 2, 1862</u>		
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Schuyler County, Mo</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>								
13a. FATHER'S NAME <u>Henry L. Maize</u>			13b. MOTHER'S MAIDEN NAME <u>Polly Ann Neal</u>			14. NAME OF HUSBAND OR WIFE <u>W. G. Bailey</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Leotia Wilcox, Lander, Wyo.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</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>Senility</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? 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) _____ m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Dec 20, 1948</u> to <u>Jan 13, 1949</u> , that I last saw the deceased alive on <u>Jan 13, 1949</u> , and that death occurred at <u>7:15 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>R. E. Vaughn</u> (Degree or title) <u>2 D.O.</u>				23b. ADDRESS <u>Lancaster, Mo</u>		23c. DATE SIGNED <u>1/15/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/16/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I. O. O. F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lancaster, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Jan. 13, '49</u>		REGISTRAR'S SIGNATURE <u>Paul M. Riley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kirksville, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 149-103

Date Filed JAN 17 1949

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
Student Embalmer

Signed.....

Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Kirkville, MD.

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, fact should be so stated above.