

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1789

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 43.22 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Mercer</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Princeton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Princeton, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>62 Yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) <u>C</u> c. (Last) <u>Bailey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 22-50</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>March 11, 1870</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Chillicothe, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Charles Phillips</u>	13b. MOTHER'S MAIDEN NAME <u>Millisa Swank</u>	14. NAME OF HUSBAND OR WIFE <u>Ed. Bailey deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J.M. Perry</u>	ADDRESS <u>Princeton, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7230</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tremie poison</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Arthritis Deformans</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Princeton Mercer Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 10, 1902, to January 1950, that I last saw the deceased alive on Jan 22, 1950, and that death occurred at 10 P m., from the cause and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J.M. Perry M.D.</u>	23b. ADDRESS <u>Princeton Mo</u>	23c. DATE SIGNED <u>1/22-1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-24-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Princeton Ceme.</u>	24d. LOCATION (City, town, or county) (State) <u>Mercer Co. Mo.</u>
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DATE REC'D BY LOCAL <u>1-27-50</u>	REGISTRAR'S SIGNATURE <u>M. J. Perry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>298 Martin</u>	ADDRESS <u>Funeral Home Princeton, Mo</u>
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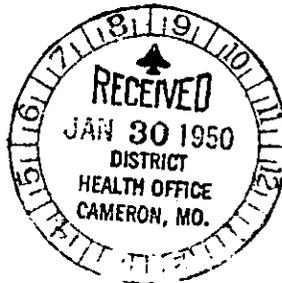
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0650

0650

SEP 26 1950
JUL 16 1950
SFP 0561

JUN 22 1950



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 _____

Vance Y Miller Student Embalmer No. *304*
working under my personal supervision.

Student *Vance Y Miller*
Student Embalmer

Signed *Frank Martin*

Licensed Embalmer No. *3760*

P. O. Address *Princeton, Mo.*

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.