

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4412**

BIRTH NO. _____ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **35**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) Kennett	c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) Kennett	
d. FULL NAME OF HOSPITAL OR INSTITUTION 410 Electric St.		d. STREET ADDRESS (If rural, give location) 410 Electric St.	

3. NAME OF DECEASED (Type or Print) a. (First) Ronald	b. (Middle) Lee	c. (Last) Bailey	4. DATE OF DEATH Month March Day 2 Year 1950
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5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Sept 20 - 1946	9. AGE (In years last birthday) 3 if UNDER 1 YEAR Months 6 if UNDER 12 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Kennett Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Amos Bailey	13b. MOTHER'S MAIDEN NAME Opal Linscoter	14. NAME OF HUSBAND OR WIFE X
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Amos Bailey	ADDRESS Kennett, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 49 1/2
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **3-2**, 19**50**, to **3-2**, 19**50**, that I last saw the deceased alive on **3-2**, 19**50**, and that death occurred at **2:00** p.m., from the causes and on the date stated above.

23a. SIGNATURE H. C. Wilson, M.D.	(Degree or title)	23b. ADDRESS Kennett, Mo.	23c. DATE SIGNED Mar 2 1950
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE 3-4-1950	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge	24d. LOCATION (City, town, or county) (State) Kennett, Mo.
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DATE REC'D BY LOCAL REG. 3-4-1950	REGISTRAR'S SIGNATURE Carl Thusher	25. FUNERAL DIRECTOR'S SIGNATURE Leitz, Inc. G. Kinnett	ADDRESS Kennett, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2352

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-9-50

COUNTY FILE NUMBER 350-82

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 Edgar Dean Ford

(Licensed Embalmer No. 4433)

P. O. Address Kennett 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.