

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9391**

BIRTH NO. _____ REG. DIST. NO. **162** PRIMARY REG. DIST. NO. **5594** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY OR TOWN RURAL-MERAMEC (If outside corporate limits, write RURAL and give township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (In this place) 7 months		d. STREET ADDRESS (If rural, give location) 3127 LOCUST	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. JOSEPH'S HILL INF. HOSPITAL			

3. NAME OF DECEASED (Type or Print) JAMES CASSIN DAILEY	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) MARCH 11 1950
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH FEB. 19 1864	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED WORKER	10b. KIND OF BUSINESS OR INDUSTRY NATIONAL TOBACCO FIRM	11. BIRTHPLACE (State or foreign country) ALTON, ILL.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAMES DAILEY	13b. MOTHER'S MAIDEN NAME KATHERINE CASSIN	14. NAME OF HUSBAND OR WIFE SINGLE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY # 489-16-4868	17. INFORMANT'S SIGNATURE OR NAME Bro. Roky, o.s.o. St. Joseph's Hill Europe	ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC INSUFFICIENCY		INTERVAL BETWEEN ONSET AND DEATH 4222
	ANTECEDENT CAUSES DUE TO (b) CHRONIC MYOCARDITIS DUE TO (c) HYPERSTATIC PNEUMONIA		
	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) (Min.)	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 **8/8**, 19**49**, to **3/10**, 19**50**, that I last saw the deceased alive on **3/10**, 19**50**, and that death occurred at **7:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. S. Winder, M.D.	(Degree or title)	23b. ADDRESS 3155 No. VANDEVENTER - Mo.	23c. DATE SIGNED 3/11/50
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24a. BURIAL (CREMATION) REMOVAL (Specify) BURIAL	24b. DATE MARCH 15 50	24c. NAME OF CEMETERY OR CREMATORY ST. PATRICK'S	24d. LOCATION (City, town, or county) (State) ALTON - ILLINOIS
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DATE REC'D BY LOCAL REG. March 15/50	REGISTRAR'S SIGNATURE Mrs. Ruth J. ...	438	FUNERAL DIRECTOR'S SIGNATURE Donnie ...	ADDRESS 14311 N. ...
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

500
5

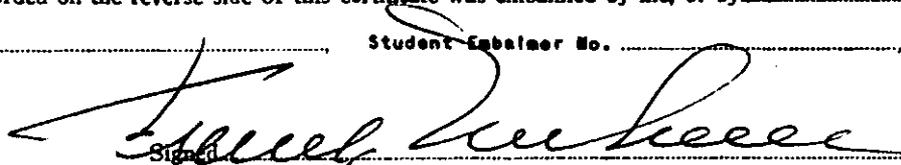
JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED 3-20-50

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.

Signed.....
Student Embalmer


Signed

Licensed Embalmer No. 2915

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, fact should be so stated above.