S. No. 300
V. 10.48

0883
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FILED APR 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9948

State File No.

BIRTH NO. REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 81

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place): 33 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1006 Henry

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly 0883
d. STREET ADDRESS (If rural, give location): 1006 Henry

3. NAME OF DECEASED (Type or Print): a. (First) MANLEY b. (Middle) PALMER c. (Last) DAILEY

4. DATE OF DEATH (Month) April (Day) 1 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 19 1888
9. AGE (If years last birthday): 61 — If under 1 year: Months 9 Days 13 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Street Foreman
10b. KIND OF BUSINESS OR INDUSTRY: City of Moberly
11. BIRTHPLACE (State or foreign country): Monroe County Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: W. F. Dailey
13b. MOTHER'S MAIDEN NAME: Mary Palmer
14. NAME OF HUSBAND OR WIFE: Etta Dailey

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 NO.: 486-12-3717
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Etta Dailey — ADDRESS: 1006 Henry Moberly Mo

MEDICAL CERTIFICATION

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) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

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.

4222

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1950, *to* April 1, 1950, *that I last saw the deceased alive on* 4-1-, 1950, *and that death occurred at* 11:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: H C Huffaker (Degree or title) Md
23b. ADDRESS: Moberly Mo
23c. DATE SIGNED: 4-1-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 3-1950
24c. NAME OF CEMETERY OR CREMATORY: Sun Set Hill
24d. LOCATION (City, town, or county) (State): Madison Missouri

DATE REC'D BY LOCAL REG. Apr 3-50
REGISTRAR'S SIGNATURE: Leah Williams Tower 269
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Snow Funeral Home Moberly Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 10 1950
District Health Officer No. 10
District File Number 4-50-602
Date Filed APR 10 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 _____, Student Embalmer No. _____, working under my personal supervision.

Student .....
Student Embalmer

Signed R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.