

FILED APR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14326

State File No.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3532

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR Flat River 0942	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. STREET ADDRESS (If rural, give location) 1	
3. NAME OF DECEASED (Type or Print) a. (First) Edward		b. (Middle)	
c. (Last) Bailey		4. DATE OF DEATH (Month) (Day) (Year) 4-17-50	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 26th 1887
9. AGE (In years last birthday) 62	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours
# UNDER 1 YEAR Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Odd Jobs
11. BIRTHPLACE (State or foreign country) Reynolds County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Lay		13b. MOTHER'S MAIDEN NAME Mary Bailey	
14. NAME OF HUSBAND OR WIFE Ida Bailey		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Ida Bailey Flat River, Missouri	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatic Resection</u> DUE TO (c) <u>Probably Carcinoma of Prostate</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 25 min.		15 min.	
19a. DATE OF OPERATION April 17 th 50		19b. MAJOR FINDINGS OF OPERATION Prostatic Obstruction, Probably Carcinoma	
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) 171X			
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?			
22. I hereby certify that I attended the deceased from <u>Apr 10</u> , 19 <u>50</u> , to <u>Apr 17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Apr 17</u> , 19 <u>50</u> , and that death occurred at <u>9:05 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Albert H. Hoppe</u> (Degree or title)		23b. ADDRESS <u>958 Acad. Bldg.</u>	
23c. DATE SIGNED <u>4/17 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-17-50	
24c. NAME OF CEMETERY OR CREMATORY ity		24d. LOCATION (City, town, or county) (State) Flat River, Missouri	
DATE REC'D BY LOCAL REG. <u>Apr 17 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Frazier</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>		ADDRESS 4700 Washington	

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Robert M Murray

Signed.....

Student Embalmer

Licensed Embalmer No. 3749

P. O. Address St. Louis, 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.