

FILED JUN 27 1950

STANDARD CERTIFICATE OF DEATH

20900

State File No.

REG. DIST. NO.

207

PRIMARY REG. DIST. NO.

5759

Registrar's No.

15

063-E

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

1. PLACE OF DEATH a. COUNTY <u>Maries</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Spring Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Spring Creek</u>	
c. LENGTH OF STAY (in this place) Years <u> </u>		d. STREET ADDRESS (If rural, give location) <u>2 miles West of Vichy</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles West of Vichy</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>2 miles West of Vichy</u>	
3. NAME OF DECEASED a. (First) <u>NANNIE</u> (Type or Print) b. (Middle) <u>M.</u> c. (Last) <u>BAILEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 27, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 19, 1873</u>
9. AGE (In years last birthday) <u>77</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Maries Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Hoggett</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah (last unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Dan Bailey V</u>	
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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dan Bailey Vichy, Mo.</u>	
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.		19. MEDICAL CERTIFICATION I, DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Coronary</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>191X</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	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) <u>None</u>	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>Jan 19 50</u> to <u>May 27, 1950</u> that I last saw the deceased alive on <u>May 25, 1950</u> and that death occurred at <u>5:40 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>O. H. Jones M.D.</u>		23b. ADDRESS <u>Rolla</u>	
23c. DATE SIGNED <u>Jun 2/50</u>		23d. LOCATION (City, town, or county) (State) <u>Maries Co., Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 29, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wentzel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Maries Co., Mo.</u>
DATE REC'D BY LOCAL REG. <u>6-14-50</u>	REGISTRAR'S SIGNATURE <u>Pauline Howard</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul E. Null Rolla, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUN 19 1950
District Health Officer No. 9
District File Number

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 _____

Paul E. Null

Licensed Embalmer No. *4498*

P. O. Address *Rolla, 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.