S. No. 300
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FILED JUN 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20995

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5819 Registrar's No. 25

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

1. PLACE OF DEATH
a. COUNTY: Morgan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Osage Township
c. LENGTH OF STAY (in this place): Transit
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 M. South Versailles Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 7510 Washington

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Clifford Eugene Dailey

4. DATE OF DEATH (Month) (Day) (Year): June 11, 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: June 3, 1915
9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months 0, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packing House
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jackson Co., Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Albert A. Dailey
13b. MOTHER'S MAIDEN NAME: Lula Mae Miller
14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 2
16. SOCIAL SECURITY NO.: 486-09-9679
17. INFORMANT'S SIGNATURE OR NAME: Albert Dailey — ADDRESS: 8130 Oak Kansas City Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Auto Accident

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): (Crushed Chest)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 8 2 3 4 / 3

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 071
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~: Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Auto Hiway 5
21c. ~~(CITY, TOWN,~~ OR TOWNSHIP) (COUNTY) (STATE): Osage Morgan Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 - 11 - 1950 1:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Missed Curve - Highway

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 1:32 m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Birch L. Medicus Morgan County Coroner
23b. ADDRESS: Versailles Mo
23c. DATE SIGNED: 6-11-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 4
24b. DATE: June 11, 1950
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Kansas City, Mo.

DATE REC'D BY LOCAL REG.: June 11-1950
REGISTRAR'S SIGNATURE: J. L. Washburn, M.D. 214
25. FUNERAL DIRECTOR'S SIGNATURE: W F Kidwell — ADDRESS: W. F. Kidwell, Versailles, Mo.
Per Vera O. Kidwell Deputy
(Licensed Embalmer's Statement on Reverse Side)

AUG 21 1950

AUG 2 1950

FEB 2 1950

RECEIVED 6-19-57
District Health Officer No. 7
District File Number 5-57-681
Date Filed 6-19-57

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 Raymond C. Fisher

Licensed Embalmer No. 4626

P. O. Address Versailles, Mo

Signed .....
Student Embalmer

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.