

FILED AUG 24 1950

STANDARD CERTIFICATE OF DEATH

State File No. 26492

1035477

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BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

350

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clay</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clay</u>	
c. LENGTH OF STAY (in this place) <u>4 Months</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sharon</u> b. (Middle) <u>Lee</u> c. (Last) <u>Bailey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 22, 1950</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Mar. 9, 1950</u>	9. AGE (In years last birthday) <u>4</u>	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (State or foreign country) <u>Clay Township Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Robert L. Bailey</u>	13b. MOTHER'S MAIDEN NAME <u>Lorene Ham</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert L. Bailey, Rt. 1 Kennett</u>	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SPINA BEFCDA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11-12</u> <u>751X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CONGENITAL DEFECT OF</u> DUE TO (c) <u>DORSAL 1-2-3 LUMBAR VERTEBRAL ARCH.</u>		
	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 checked="" 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) _____
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 MARCH 12, 1950, to JULY 22, 1950, that I last saw the deceased alive on JULY 20, 1950, and that death occurred at 7 AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George Williams D.O.</u>	23b. ADDRESS <u>Kennett, Missouri</u>	23c. DATE SIGNED _____
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/22/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cude Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Senath, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9-6-1950</u>	REGISTRAR'S SIGNATURE <u>Bertha Kinschong</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McDaniel Funeral Service, Inc.</u>	ADDRESS _____
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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 8-10-50
COUNTY FILE NUMBER .. 850-234

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Was Not} embalmed by me, or by

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

A. J. Crawford
A. J. CRAWFORD

Licensed Embalmer No. 1480

P. O. Address Senath, Missouri

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.