

FILED NOV 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33170**

BIRTH NO. _____		REG. DIST. NO. <b>118</b>		PRIMARY REG. DIST. NO. <b>5438</b>		Registrar's No. <b>83</b>	
1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Brushcreek</b>		c. LENGTH OF STAY (in this place) <b>3 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Brushcreek 0370</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rt. 1 Cuba</b>				d. STREET ADDRESS (If rural, give location) <b>Rt. 1 Cuba</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>DELLA</b>		b. (Middle) <b>BAILEY</b>		c. (Last) <b>BAILEY</b>	
5. SEX <b>Fe.</b>		6. COLOR OR RACE <b>Wh.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 1, 1950</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>		8. DATE OF BIRTH <b>Dec. 23, 1869</b>		9. AGE (In years last birthday) <b>80</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HRS.: Hours _____ Min. _____	
11. BIRTHPLACE (State or foreign country) <b>Phelps Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Thomas Heady</b>			
13b. MOTHER'S MAIDEN NAME <b>Ida Thornton</b>		14. NAME OF HUSBAND OR WIFE <b>Cain E. Bailey</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Cain E. Bailey Rt. 1 Cuba</b>			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetes Mellitus</b> INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b> ANTECEDENT CAUSES Morbidity 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. <b>Chronic Myocarditis</b> 260X 2YRS.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)			
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 <b>8-31, 1948</b> , to <b>10-1, 1950</b> , that I last saw the deceased alive on <b>10-1, 1950</b> , and that death occurred at <b>6 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <b>Paul E. Null</b>				23b. ADDRESS <b>Junction, Mo.</b>		23c. DATE SIGNED <b>10-2-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 4, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Macedonia Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Phelps Co., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Oct 6, 1950</b>		REGISTRAR'S SIGNATURE <b>Barthelme Jackson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul E. Null</b>		ADDRESS <b>Rolla, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

NOV - 9 1950

RECEIVED

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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. Nul*

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.