5. SEX / 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If UNDER I YEAR MIDOWED, DIVORCED (Specify) Dec. 23, 1869 80 10 10 10 10 10 10 10	residence before administration ad e
1. PLACE OF DEATH a. COUNTY Gasconade b. CITY (If outside corporate limits, write RURAL and give township) TOWN Rural - Brushcreek d. FULL NAME OF (If not in benefit or institution, give strees address or location) HOSPITAL OR (If the institution of the company of the restriction) Rt. 1 Cuba 3. NAME OF (If not in benefit or institution, give strees address or location) TOPO Rt. 1 Cuba 3. NAME OF (If not in benefit or institution, give strees address or location) TOPO PORTITUTION Rt. 1 Cuba 3. NAME OF (If not in benefit or institution, give strees address or location) TOPO OR Rt. 1 Cuba 3. NAME OF (If not in benefit or institution, give strees address or location) TOPO OR Rt. 1 Cuba 3. NAME OF (If not in benefit or institution, give strees address or location) TOPO OR Rt. 1 Cuba 4. DATE (Month) (Day) OF DEATH Oct. 1. 1 BAILEY DEACH OCCUPATION	residence before a de la de
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d. FULL NAME OF (If not in bospital or institution, give street address or location) HOSPITAL OR Rt. 1 Cuba 3. NAME OF DECEASED (Type or Print) DELLA 5. SEX 6. COLOR OR RACE Who. Wh. Winried Who. 10b. KIND OF BUSINESS OR IN. 11cus Sewiffe 10cus Willows or Indeed of work does during must of working life, even if retired) 11cus Sewiffe 13d. MOTHER'S MAIDEN NAME Thomas Heady 15. WAS DECEASED EVER IN U.S. ARMED FORCES? No. 16. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the discase infury, or complication which caused death. Morbid conditions, if any, giving DUE TO (b) The case infury, or complication which caused death. Morbid conditions, if any, giving DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS DUE TO (c) 11. DIERASE OR CONDITIONS A STREET ADRES (If raral, give location) A DATE (Month) (Day) A DATE (Month) (Day) A DATE (Month) (Day) A DATE (Month) (Day) OF DEATH OCt. 1, 12 A DATE (Month) (Day) OF DEATH OCt. 1, 12 A DATE (Month) (Day) OF DEATH Oct. 1, 12 A DATE (Day) OF DEATH Oct. 1, 12 A DATE (Day) OC. (Last) OC. (Las	950 F UNDER 11 HR
3. NAME OF DECEASED (Type or Print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (10 years 17 works) 10a. USUAL OCCUPATION (Give kind of work does during must of working life, even if retired) 10a. USUAL OCCUPATION (Give kind of work does during must of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11b. BIRTHPLACE (State or foreign country) 11c. CITT COUNT 10a. DUSTRY 11c. Dustry	950 F UNDER 14 HRS
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10a. USUAL OCCUPATION (Give kind of work doubting life, even if rotired) 10b. KIND OF BUSINESS OR INDUSTRY Phelps Co., Mo. 11. BIRTHPLACE (State or foreign country) Phelps Co., Mo. 12. CITY COUNTRY Phelps Co., Mo. 13b. MOTHER'S MAIDEN NAME Thomas Heady Ida Thornton Cain E. Bailey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If year, give war or dates of service) No. No. No. Cain E. Bailey Rt. 1 Cu RECTLY LEADING TO DEATH Enter only one cause per line for (a), (b), and (c) This does not mean the distance of the mode of dying, such as heart failure, asthenia, the mode of dying, such as heart failure, asthenia, the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS	
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Thomas Heady Thomas Heady To uniform Interval	IZEN OF WHA ITRY? S •
Thomas Heady Thomas Heady To an E. Bailey Thomas Heady	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Or unknown) (If yes, sive war or dates of service) None Cain E. Bailey Rt. 1 Cu 8. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such the mode of dying, such the heart fallure, asthenia, take the disage, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Time to the above cause (a) stating the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS	
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18. CAUSE OF DEATH Enter only one cause per ine for (a), (b), and (c) *This does not mean the mode of dying, such as heart fallure, asthenia, the II means the discusse, tripry, or complication which caused death. 10. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) *This does not mean the mode of dying, such as heart fallure, asthenia, the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS	ba
*This does not mean the mode of dying, such as heart failure, asthenia, tet. It means the distance injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS	TAND DEATH
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tion which caused death. II. OTHER SIGNIFICANT CONDITIONS	- A . V
	20 V
	73.
TION	UTOPSY?
1a. ACCIDENT (Specify) 21b. PLACEOF INJURY (e.g., in or about SUICIDE home, farm, factory, street, office bidg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (COUNTY)	(STATE)
21d. TIME (Mostb) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF WHILEAT NOT WHILE INJURY OCCUR? INJURY BORK AT WORK	
22. I hereby certify that I attended the deceased from 3-31, 1948, to 18-1, 1950, that I last saw to alive on 19-1, 1950, and that death occurred at 672 m., from the causes and on the date stated above	
24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Otty, town, or county) TION, REMOVAL (Specify) Oct. 4, 1950 Macedonia Cemetery Phelos Co., Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS PUBLICATION & SIGNATURE ADDRESS PARTIES ADDRESS PARTIES ROLL ROLLA.	ATE SIGNED

File No.

DISTRICT HEALTH OFFICE No. 4

0961 E - AON

SECEINED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	is certificate was embalmed by me, or by	
	., Student Embalmer No	
orking under my personal supervision.		

Daul E. Nul Licensed Embalmer No. 4498

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply in the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.