

FILED OCT 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34252

BIRTH NO. 606964-50 REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 214

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARYVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARYVILLE	
c. LENGTH OF STAY (in this place) 13 DAYS		d. STREET ADDRESS (If rural, give location) THURMAN HOSPITAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION: THURMAN HOSPITAL			

3. NAME OF DECEASED (Type or Print) JERRY WRAY BAILEY			4. DATE OF DEATH (Month) (Day) (Year) OCT. 20. 1950		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH OCT. 7-1950		9. AGE (In years last birthday) 13 DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MARYVILLE Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Billy Bailey		13b. MOTHER'S MAIDEN NAME Wilma WRAY	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Billy Bailey Hopkins		18. ADDRESS 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis of lungs at birth ANTECEDENT CAUSES Premature baby at birth 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.		INTERVAL BETWEEN ONSET AND DEATH 7625	
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) (m.)		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 **Oct 7, 1950** to **Oct 20, 1950**, that I last saw the deceased alive on **Oct 20, 1950**, and that death occurred at **2:15 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE J. L. Thurman D.O. (Degree or title)		23b. ADDRESS Maryville Mo.		23c. DATE SIGNED 10-24-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Oct. 21-1950		24c. NAME OF CEMETERY OR CREMATORY White Oaks	
24d. LOCATION (City, town, or county) (State) Pickering Mo.		DATE REC'D BY LOCAL REG. 10-28-50		REGISTRAR'S SIGNATURE Beas Holt	
25. FUNERAL DIRECTOR'S SIGNATURE Stanley S. Sorenson		ADDRESS Hopkins Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

742



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 _____

working under my personal supervision.

myself

Student Embalmer No. _____

Student
Student Embalmer

Signed

Stanley Swanson

Licensed Embalmer No. 3963

P. O. Address Hopkins, Md

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.