

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

41966

State File No. _____

Registrar's No. 10434

FILED DEC 18 1950

318

1003

S. No. 300
V. 10.48

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3819 Garfield			STREET ADDRESS (If rural, give location) 3819 Garfield		
3. NAME OF DECEASED (Type or Print) / Edward			a. (First)		b. (Middle) Bailey
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 12 3 50			
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-3-1920	9. AGE (In years last birthday) 30	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY ?		11. BIRTHPLACE (State or foreign country) Marvell, Arkansas	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Eliza Bailey		13b. MOTHER'S MAIDEN NAME Mattie Patton	
14. NAME OF HUSBAND OR WIFE Mary Bailey		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. 487-20-1089	
17. INFORMANT'S SIGNATURE OR NAME _____		ADDRESS _____			
MEDICAL CERTIFICATION					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis PULMONARY TUBERCULOSIS			INTERVAL BETWEEN ONSET AND DEATH _____
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
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? NO 2X	
22. I hereby certify that I attended the deceased from 5 Dec, 1950 , to 5 Dec, 1950 , that I last saw the deceased alive on 5 Dec, 1950 , and that death occurred at 7:45 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) G. James Evans Jr. M.D.			23b. ADDRESS 4730a Page Blvd		23c. DATE SIGNED 6 Dec. 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-11-50		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) Helena, Arkansas		24e. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS _____	
DATE REC'D BY LOCAL REG. DEC 7 1950		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE _____	
				ADDRESS Ellis Funeral Home, Inc. 2820 Stoddard St	

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

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 *Luther C. Culkin*

Licensed Embalmer No. *4198*

P. O. Address *St Louis 13. 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.