

FILED MAY 21 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17633

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 6002 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <b>Ralls,</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ralls,</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural (Saltriver Township)</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural (Saltriver Township)</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Perry, Mo. R.F.D.</b>				d. STREET ADDRESS (If rural, give location) <b>Perry, Mo. R.F.D.</b>			
3. NAME OF DECEASED (Type or Print) <b>Hattie</b>			a. (First) <b>Bayley</b>			c. (Last)	
4. DATE OF DEATH <b>May 8, 1951</b>		(Month) (Day) (Year)		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Sept. 15, 1865</b>		9. AGE (In years last birthday) <b>85</b>		10. UNDER 1 YEAR <b>5</b> MONTHS <b>5</b> DAYS <b>23</b> HOURS <b>1</b> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Payson, Illinois.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Thomas Creede</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Pritchett</b>		14. NAME OF HUSBAND OR WIFE <b>Edward Bailey</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Justin Cole</b> ADDRESS <b>Perry, Mo.</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>Senility</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hip fracture</b> DUE TO (c) <b>myocarditis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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) (Minute)		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>Jan 8, 1951</b> , to <b>May 8, 1951</b> , that I last saw the deceased alive on <b>May 8, 1951</b> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Ernest T. Swan D.O.</b>				23b. ADDRESS <b>Perry, Missouri.</b>		23c. DATE SIGNED <b>5-9-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-11-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fern Chapel</b>		24d. LOCATION (City, town, or county) (State) <b>Ralls Co., Missouri.</b>	
DATE REC'D BY LOCAL REG. <b>5-10-1951</b>		REGISTRAR'S SIGNATURE <b>Clyde Wilkey 267</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Clyde Wilkey</b> ADDRESS <b>Perry, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: MAY 18 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 5-57-929  
Date Filed: MAY 18 1951

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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 Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Ferry, 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.