

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34374**  
Registrar's No. **76**

FILED NOV 5 1951

BIRTH NO.		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>4322</u>		Registrar's No. <u>76</u>			
1. PLACE OF DEATH a. COUNTY <b>Mercer</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>IOWA</b>				b. COUNTY <b>Wayne</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Princeton</b>		c. LENGTH OF STAY (If this place) <b>31 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Lineville</b>		<b>8140</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lambert Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>8</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Calla</b>		b. (Middle) <b>Mae</b>		c. (Last) <b>Dailey</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 30, 1951</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Febr. 15, 1890</b>		9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months <b>6</b>	IF UNDER 12 HRS. Days <b>1</b>	IF UNDER 1 MIN. Hours <b>1</b>	Min. <b>5</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>Own Home</b>		11. BIRTHPLACE (State or foreign country) <b>Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Joseph R. Laughlin</b>			13b. MOTHER'S MAIDEN NAME <b>Jane Cox</b>		14. NAME OF HUSBAND OR WIFE <b>Fred H. Dailey</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>Fred H. Dailey</b>				ADDRESS <b>Lineville Iowa</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>Congestive Heart Failure</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac hypertrophy</b>						<b>6 months</b>		
	DUE TO (c) <b>Chronic Gonorrhea - Nephritis</b>						<b>1 year</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4221</b>					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>Feb 12, 1946</b> , to <b>Sept 30, 1951</b> , that I last saw the deceased alive on <b>Sept 30, 1951</b> , and that death occurred at <b>3:35 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Mission Lambert M.D.</b>				23b. ADDRESS <b>Princeton, Mo</b>		23c. DATE SIGNED <b>9/30/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 3, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Lineville Iowa</b>				
DATE REC'D BY LOCAL REG. <b>10-25-51</b>		REGISTRAR'S SIGNATURE <b>Paul M. ...</b>		FUNERAL DIRECTOR'S SIGNATURE <b>James ...</b>		ADDRESS <b>Lineville Iowa</b>			

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

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*James L. Gravelle*

Signed .....  
Student Embalmer

Licensed Embalmer No. 3967

P. O. Address Linnville, Iowa

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.