

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42053

State File No.

FILED DEC 22 1951

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>	
b. CITY OR TOWN <u>De Soto</u>		c. CITY OR TOWN <u>De Soto</u>	
c. LENGTH OF STAY (in this place) <u>Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>312 No. 9th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>312 No. 9th St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ortha</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Bailey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 11-1951</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Jan 21, 1883</u>		9. AGE (In years last birthday) <u>68</u>		10. IF UNDER 1 YEAR: Months <u></u> Days <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Fletcher, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Ephriam Bailey</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Tyrey</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>H. F. Bailey</u>		ADDRESS <u>De Soto, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Disease</u>		DUPLICATE TO (b) <u>My pertention</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE TO (c) <u></u>			
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 <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (Min.)		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 12-11, 1951, to 12-11, 1951, that I last saw the deceased alive on 12-11, 1951, and that death occurred at 4 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas E. Fulkert MD</u> (Degree or title)		23b. ADDRESS <u>De Soto, Mo</u>		23c. DATE SIGNED <u>12-13-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-14-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fletcher</u>	
				24d. LOCATION (City, town, or county) (State) <u>Fletcher Mo.</u>	

DATE REC'D BY LOCAL REG. <u>12-20-51</u>		REGISTRAR'S SIGNATURE <u>Marie Harrer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>See Motherhead</u> ADDRESS <u>De Soto, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED 12-21-51
JEFFERSON COUNTY HEALTH DEPT.
MILLSBORO, MISSOURI

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 Andrew H England

Licensed Embalmer No. 4745

P. O. Address W. Soto, 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.