

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44309

State File No. ....

No. 300

10. 48

RECEIVED FEB 4 1952

REG. DIST. NO. 218

PRIMARY REG. DIST. NO. 5789

Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - St. James Sup.</u>		c. LENGTH OF STAY (If this place) <u>6 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - St. James Sup.</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi. So. of East Prairie</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi. So. of East Prairie</u>			d. STREET ADDRESS (If rural, give location) <u>4 mi. So. of East Prairie</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>RAYMOND</u>		b. (Middle)	c. (Last) <u>BAILEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 16, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Dec. 10, 1951</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>6</u>
IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Miss. Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Walter Bailey</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Holloway</u>		14. NAME OF HUSBAND OR WIFE <u>unmarried</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME - ADDRESS <u>Walter Bailey - East Prairie, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>According to information given to the Coroner, this child was delivered by a mid-wife who has since moved to parts unknown. This child evidently was premature and weak at birth--died without medical attention.</u>				INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>776x</u>				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 <u>CORONER ONLY</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5 A. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>CORONER</u>		23b. ADDRESS <u>Charleston, Mo.</u>		23c. DATE SIGNED <u>1/20/52</u>	
24a. HOSPITAL, CREMATION, BURIAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 17, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-28-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE - ADDRESS <u>[Signature] East Prairie</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1670

30

JAN 31 REC'D

RECEIVED

Miss. Co. Health Dept.

County File No.

Date Filed FEB 1 1952

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.....

*not embalmed*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Francis Shelby* .....

Licensed Embalmer No. *2726* .....

P. O. Address *East Prairie, 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.