

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

9073

State File No.

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. <u>207</u> | | PRIMARY REG. DIST. NO. <u>5155</u> | | Registrar's No. <u>12</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY <u>Maries</u> | | b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Jackson Twp.</u> | | c. STATE <u>Missouri</u> | | d. COUNTY <u>Phelps</u> | |
| c. LENGTH OF STAY (In this place) <u>transit</u> | | e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u> | | f. STREET ADDRESS (If rural, give location) <u>506 Olive St.</u> | | g. <u>1812</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 63</u> | | | | h. STREET ADDRESS (If rural, give location) <u>506 Olive St.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>RALPH</u> | | b. (Middle) <u>MARVIN</u> | | c. (Last) <u>BAILEY</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>March 30, 1952</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | |
| 8. DATE OF BIRTH <u>August 27, 1889</u> | | 9. AGE (In years last birthday) <u>62</u> | | 10. MONTHS <u>62</u> | | 11. YEARS <u>62</u> | |
| 12. HOURS <u>62</u> | | 13. MIN. <u>62</u> | | 14. BIRTHPLACE (State or foreign country) <u>Maries County, Missouri</u> | | 15. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate Agent</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Maries County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Wiley Bailey</u> | | 13b. MOTHER'S MAIDEN NAME <u>Martha --</u> | | 14. NAME OF HUSBAND OR WIFE <u>Cma</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | |
| 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>James Bailey</u> | | 18. ADDRESS <u>Rolla, Mo.</u> | | 19. MEDICAL CERTIFICATION | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Exsanguination</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> | | II. OTHER SIGNIFICANT CONDITIONS | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | DUE TO (b) <u>Severed throat</u> | | DUE TO (c) | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u> | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>US Highway 63</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson Twp., Maries, Missouri</u> | | 21d. TIME (Month) (Day) (Year) (Hour) <u>3/30/52 3:45 P.m.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? <u>Automobile collision</u> | | 22. I hereby certify that I attended the deceased from <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>3:45 P.m.</u> , from the causes and on the date stated above. | | 23a. SIGNATURE <u>Pauline Howard</u> (Degree or title) <u>Coroner</u> | | 23b. ADDRESS <u>Vienna, Missouri</u> | |
| 23c. DATE SIGNED <u>4/2/52</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>April 2, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Phelps County, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Noll</u> | | 25. ADDRESS <u>Rolla, Mo.</u> | | DATE REC'D BY LOCAL REG. <u>4-4-52</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

APR 18 1971

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.