

FILED JUL 23 1952

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

25026

State File No. \_\_\_\_\_

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

BIRTH NO. _____		REG. DIST. NO. <u>182</u>		PRIMARY REG. DIST. NO. <u>5684</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>LINN</u> <span style="float: right;">0580</span>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LINN</u> <span style="float: right;">0580</span>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheeling</u> <span style="float: right;">1 Twp</span>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheeling - Clay Twp</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi. N.E. of Wheeling</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi. N.E. of Wheeling</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u>		b. (Middle) <u>Frances</u>		c. (Last) <u>Baily</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 13 '52</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 14, 1869</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (State or foreign country) <u>Clark Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Perry Dust</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Decker</u>		14. NAME OF HUSBAND OR WIFE <u>George T. Baily</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>George T. Baily</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>Coronary Thrombosis</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 wks.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		4201		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>19</u> to <u>July 15, 1952</u> , that I last saw the deceased alive on <u>July 13, 1952</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Deceased or title) <u>Edna Bryan</u>				23b. ADDRESS <u>Wheeling, Mo.</u>		23c. DATE SIGNED <u>7/17/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 17-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Botts Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Linn County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 21-1952</u>		REGISTRAR'S SIGNATURE, ADDRESS <u>Mrs. Bessie Kelley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Funeral Home, Wheeling, Missouri</u>			

SEP 9 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Emmett Everett

Licensed Embalmer No. 4748

P. O. Address Chillicothe, 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.