

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35834

BIRTH NO. 37785 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 159

1. PLACE OF DEATH a. COUNTY <i>Remiscot</i>			2. USUAL RESIDENCE (Where deceased lived. If institution, give name before death.) a. STATE <i>MISSOURI</i> COUNTY <i>Remiscot</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Hauti</i>		c. LENGTH OF STAY (in this place) <i>1 hour</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Portageville</i>		0780
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Remiscot County Memorial</i>			d. STREET ADDRESS <i>Rt. # 2</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>Willie</i> b. (Middle) <i>Harris</i> c. (Last) <i>Bailey</i>			4. DATE OF DEATH (Month) <i>11</i> (Day) <i>10</i> (Year) <i>1952</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>June 8, 1952</i>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <i>5</i> Days <i>5</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Augustus Bailey</i>		13b. MOTHER'S MAIDEN NAME <i>Corine Stanford</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME & ADDRESS <i>Agusti Bailey Portageville, Mo</i>			
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) <i>Unknown</i> ANTECEDENT CAUSES DUE TO (b) <i>Expired before my examination</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		7955	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Warren R. McCoy M.D.</i>		23b. ADDRESS <i>Concord, Mo</i>		23c. DATE SIGNED <i>11/1/52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>11-3-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Concord Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Concord Mo</i>		
DATE REC'D BY LOCAL REG. <i>11-4-52</i>	REGISTRAR'S SIGNATURE <i>John St. Germain</i>		406-0	25. FUNERAL DIRECTOR'S SIGNATURE <i>John W. Heiman</i>	ADDRESS <i>Hauti, Mo</i>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—IN THESE A PERMANENT RECORD

71-325-52

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

NOV 6 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 John St. German

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.