

S. No. 300-110 NOV 24 1952
 v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

37630
 State File No.

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>306</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> c. LENGTH OF STAY (in this place) <u>4 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Schmidt's Nursing Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> <u>0105</u> d. STREET ADDRESS (If rural, give location) <u>505 Rogers St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida Belle</u> b. (Middle) _____ c. (Last) <u>Bailey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 15, 1952</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug 17, 1865</u>	
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Columbia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>H.C. Schwabe</u>			13b. MOTHER'S MAIDEN NAME <u>Mary E. Sandker</u>		14. NAME OF HUSBAND OR WIFE <u>A.A. Pailey Deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clay Schwabe, Columbia, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ 11. 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 <u>331x</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) (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 <u>July</u> , 19 <u>51</u> , to <u>15 Nov</u> , 19 <u>52</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:45p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>LeRoy J. Miller M.D.</u> (Degree or title)			23b. ADDRESS <u>Suitor Bldg Columbia 18 No 052</u>		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-17-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brookfield</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 18 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Willert Funeral Home</u>		ADDRESS	

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

See 0103 11/16/52

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 *Lynwood H. Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, W.*

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.