

STANDARD CERTIFICATE OF DEATH

State File No. 42583

10-48

MED JAN 7 - 1952

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. No. 2091 Registrar's No. 03V12235

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Joplin	
c. LENGTH OF STAY (In this place) 10 Yrs.		d. STREET ADDRESS (If rural, give location) 1504 Kentucky Avenue 0485	
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Elmore	
c. (Last) DAILEY		4. DATE OF DEATH (Month) (Day) (Year) Dec 28, 1952	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH March 3, 1878
9. AGE (In years) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	
11. BIRTHPLACE (City and State or Foreign Country) Hiawatha, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Dailey		13b. MOTHER'S MAIDEN NAME Emma Lee Jeffries	
14. NAME OF HUSBAND OR WIFE Helen Dailey		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Helen Dailey 1504 Ky Street Joplin, Mo.	
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>Carcinoma of Bladder Mucosa</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart Disease</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 181X	
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)	
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 12-24, 1952, to 12-28, 1952, that I last saw the deceased alive on 12-28, 1952, and that death occurred at 12:15 P.M., from the causes and on the date stated above.			
23a. SIGNATURE <i>Robert J. Kostelecki</i>		23b. ADDRESS Franc Bldg. Joplin Mo.	
23c. DATE SIGNED 12-31-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-3-1952	
24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Joplin Mo.	
DATE REC'D BY LOCAL REG. 1-3-53		REGISTRAR'S SIGNATURE <i>G. D. James</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Thornhill-Dillon Mort</i>		ADDRESS Joplin, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 1-5-53
Jasper County Health Office

County File Number 53/1/20

Date Filed 1-6-53

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 Leila D. Howell

Licensed Embalmer No. 3590

P. O. Address Jasper, 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.