

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **4480**

FILED FEB 6 1953

|  |                               |  |  |  |  |  |  |
|--|-------------------------------|--|--|--|--|--|--|
| BIRTH NO. _____  |                               | REG. DIST. NO. <b>333</b>  |  | PRIMARY REG. DIST. NO. <b>3074</b>   |  | Registrar's No. <b>8</b>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Scott</b>  |                               |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Stoddard</b> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Sikeston</b>  |                               | c. LENGTH OF STAY (If this place)<br><b>8</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Rural R2 Essex</b>  |  | <b>1030</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Hwy. 60 west</b>   |                               |  |  | d. STREET ADDRESS (If rural, give location)<br><b>R2</b>   |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Arley</b>   |                               | b. (Middle) <b>Otto</b>  |  | c. (Last) <b>Bailey</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>1 13 1953</b>  |  |
| 5. SEX <b>M</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   |  | 8. DATE OF BIRTH<br><b>8 230 1911</b>  |  | 9. AGE (In years last birthday) <b>41</b><br>If under 1 year: Months _____ Days _____ Hours _____ Mins _____ |  |
| 10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired)<br><b>Farmer</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farming</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Doublesprings Ala.</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME<br><b>John Bailey</b>   |                               | 13b. MOTHER'S MAIDEN NAME<br><b>Cordelia Henderson</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Jennie</b>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><b>No</b>   |                               | 16. SOCIAL SECURITY NO.<br><b>No</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Jennie Bailey R2 Essex Mo.</b>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.              |                               | <b>MEDICAL CERTIFICATION</b><br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Decapitated, Left leg severed from body both arms broken &amp; crushed chest</b><br>ANTECEDENT CAUSES <b>Train, Car accident</b><br>DUE TO (b) _____<br>DUE TO (c) _____<br>2. OTHER SIGNIFICANT CONDITIONS <b>E8104 27</b><br>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<br><b>141</b>   |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                          |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>   |                               | 21b. PLACE OF INJURY (a.e., in or about home, farm, factory, street, office bldg., etc.)<br><b>highway 60 crossing</b>   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>Sikeston Scott Mo.</b>   |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)<br><b>1 13 53 2am</b>  |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?<br><b>Train Struck car in which he was riding</b>   |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>First Case</b> to <b>after death</b> , that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>_____</b> m., from the causes and on the date stated above. |                               |  |  |  |  |  |  |
| 23a. SIGNATURE <b>Stude Poe</b> (Degree or title) <b>Coroner</b>   |                               |  |  | 23b. ADDRESS <b>Sikeston Mo</b>  |  | 23c. DATE SIGNED <b>1/15/53</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>   |                               | 24b. DATE <b>Jan-14-53</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>  |  | 24d. LOCATION (City, town, or county) (State)<br><b>Doublesprings Ala.</b>                                   |  |
| DATE REC'D BY LOCAL REG. <b>1-26-53</b>  |                               | REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Welsh Funeral Home Sikeston Mo.</b>   |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 2 1953

RECEIVED \_\_\_\_\_

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 253-21

FEB 17 1953

MAY 6 1953

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

*Raymond Crews*

Licensed Embalmer No. 3467

P. O. Address Liteton 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.