

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17239

State File No.

FILED MAY 18 1953

 BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 180

1. PLACE OF DEATH a. COUNTY <u>Callaway</u> <u>0143</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> <u>014</u>	
b. CITY OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (If in place) <u>15 hrs</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>/</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Co. Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D.# 6</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Susan</u>	b. (Middle) <u>Caroline</u>	c. (Last) <u>Bailey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 9 1953</u>
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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>March-4-1867</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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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>Wyaconda, Mo</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Theodore Steele</u>	13b. MOTHER'S MAIDEN NAME <u>Hannah Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>A. M. Bailey</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. M. H. Lewis</u>	ADDRESS <u>New Bloomfield</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia, acute</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 C.V. Disease (7) years</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>491X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5-8- 1953, to 5-9- 1953, that I last saw the deceased alive on 5-9- 1953, and that death occurred at 11:20 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Andrew J. Linder, M.D.</u>	23b. ADDRESS <u>Fulton, Missouri</u>	23c. DATE SIGNED <u>5-12-53</u>
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24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Burial</u>	24b. DATE <u>May-10-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hams Prairie Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Hams Prairie Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 12-1953</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426-</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Funeral Home, Fulton, Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Kenil C. Browning*.....

Licensed Embalmer No. *2724*

P. O. Address *Fulton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.