

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25631**

FILED JUL 27 1953 REG. DIST. NO. **207** PRIMARY REG. DIST. NO. **5759** Registrar's No. **20**

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

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Spring Creek		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Spring Creek twp. 0630	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles West of Vichy		d. STREET ADDRESS (If rural, give location) 2 miles West of Vichy 0	

3. NAME OF DECEASED (Type or Print)	a. (First) DANIEL	b. (Middle) WILLIAM	c. (Last) BAILEY	4. DATE OF DEATH (Month) (Day) (Year) July 13, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH July 8, 1871	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 60 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Maries County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Elcane Bailey	13b. MOTHER'S MAIDEN NAME Louisa Hart	14. NAME OF HUSBAND OR WIFE Nan
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Oscar Bailey	ADDRESS Vichy, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of rectum		
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 **2-26**, 19**53** to **7-13**, 19**53**, that I last saw the deceased alive on **7-12**, 19**53**, and that death occurred at **7:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. W. Strucker M.D. (Degree or title)	23b. ADDRESS Rolla Mo	23c. DATE SIGNED 7-15-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 15, 1953	24c. NAME OF CEMETERY OR CREMATORY Wentzel Cemetery	24d. LOCATION (City, town, or county) (State) Maries County, Missouri
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DATE REC'D BY LOCAL REG. 7-23-53	REGISTRAR'S SIGNATURE Pauline Howard	25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null	ADDRESS Rolla, Mo.
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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

working under my personal supervision.

Student Embalmer No.

Signed

Paul E. Nul

Signed

Student Embalmer

Licensed Embalmer No.

4498

P. O. Address

Roller, 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.