

No. 300
10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27635

State File No.

FILED AUG 18 1953

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls,</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural VANDALIA</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>New London, Missouri.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway #54 Near Vandalia</u>		d. STREET ADDRESS (If rural, give location) <u>0270</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Virneata</u> b. (Middle) _____ c. (Last) <u>Bailey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug, 1, 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>Married</u>	8. DATE OF BIRTH <u>Nov, 13, 1923</u>	9. AGE (In years last birthday) <u>29</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>18</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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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 (State or foreign country) <u>Ralls County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Chas Rogers</u>	13b. MOTHER'S MAIDEN NAME <u>Lillie Ledford</u>	14. NAME OF HUSBAND OR WIFE <u>Wallace 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>Charles Rogers</u> ADDRESS <u>Center, Missouri.</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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inquest. Injury's verdict not issued to date.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Fractured base of skull & neck, both legs</u> <u>Fractured. Shock and Brain injury.</u>		
	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>Collision of 2 Automobiles</u>		

19a. DATE OF OPERATION <u>None</u>	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., to or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Vandalia Audrain Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug, 1st 1953 P. m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Collision of 2 Automobiles.</u>
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22. I hereby certify that I attended the deceased from August, Aug 1 -, 1953, that I last saw the deceased alive on Aug 1st, 1953, and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>S. C. Adams M.D. Coroner</u>	23b. ADDRESS <u>Mexico, Missouri.</u>	23c. DATE SIGNED <u>8-1-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug, 4, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Olivet Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Center, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 14 1953</u>	REGISTRAR'S SIGNATURE <u>Mallie Dugan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde H. Perry</u> ADDRESS <u>Perry, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1-1

8/2/23

Casselman County Missouri

J. C. Adams, M.H. Coroner of

Casselman County Missouri

has not received notice of date

of death of

and taken to hospital at 11:00 AM. The

all witnesses of the date were present

and taken to hospital at 11:00 AM. The

all witnesses of the date were present

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 Clyde Wilsey

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri.

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.