S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44993

FILED JAN 28 1954

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 107

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (in this place): 5Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo. b. COUNTY: Butler 0124 0
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
d. STREET ADDRESS (If rural, give location): 208 N. B Street

3. NAME OF DECEASED (Type or Print)
a. (First): Gustever b. (Middle): c. (Last): Bailey

4. DATE OF DEATH (Month) (Day) (Year): 11-13-53

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 27-1910
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping
11. BIRTHPLACE (State or foreign country): Aberdeen, Ken.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Deceased
13b. MOTHER'S MAIDEN NAME: Annie Smith
14. NAME OF HUSBAND OR WIFE: Lawerence E. Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ----
(If yes, give war or dates of service): -------
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: L.E. Bailey 208 N. B. Poplar Blu

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) of Breast -
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 year

19a. DATE OF OPERATION: ?
19b. MAJOR FINDINGS OF OPERATION: Stevens Carcinoma of Breast
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 Feb, 1953, *to* 13 Nov, 1953, *that I last saw the deceased alive on* 12 Nov, 1953, *and that death occurred at* 7:40P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. B. Brookreson MS
23b. ADDRESS: 321 Oak Poplar Bluff Mo
23c. DATE SIGNED: 18 Nov 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-15-53
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): Poplar Bluff, Mo

DATE REC'D BY LOCAL REG.: 1-20-54
REGISTRAR'S SIGNATURE: R H Minehee 489
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Phelps-Leuckel Poplar Bluff. Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JAN 25 1954
BUTLER CO. HEALTH CENTER
FILE No._____

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 11-13-J

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Phil A Leuchel

Signed.....
Student Embalmer

Licensed Embalmer No. 2936

P. O. Address Poplar Bluff, 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.

PHS-669(VS)

FORM APPROVED
BUDGET BUREAU NO. 68-R275.2

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

January 28, 1954

ruary Credits--Odds
ler County

Dear Dr.

In order to classify intelligently causes of death it is essential that we have the most specific information obtainable. We therefore request that you supply this Department with the following additional information regarding the

Cause of death of Gustever Bailey

Who died at Poplar Bluff, on November 13, 1953

The cause of death is given as follows: 44993-53

	MEDICAL CERTIFICATION		TIME BETWEEN ONSET & DEATH
Enter only one cause on lines (a), (b), and (c).	1. DISEASE OR CONDITION LEADING DIRECTLY TO DEATH* (a)	Metastatic carcinoma of breast ¢	1 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
	DUE TO (c)		
	2. OTHER SIGNIFICANT CONDITIONS Contributing to death but not related to disease or condition causing death.	170 X	

* Give disease, injury or complication which was the IMMEDIATE CAUSE of death, not mode of dying, as heart failure, asphyxia, etc.

Question:

What was the primary site of cancer? Thank you.

Ca of Breast - Multiple Metastasis.

The information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply below using the enclosed envelope which requires no postage.

Respectfully,

eply below:

Clyde A. Bridger

Special Agent, U. S. Public Health Service
State Division of Health
Jefferson City, Missouri

S-44993