

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

404

FILED FEB 1 1954

State File No.

BIRTH NO.		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>24</u>			
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Dulton</u>		c. LENGTH OF STAY (In this place) <u>2 mo</u>		c. CITY OR TOWN <u>Huntville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp no 1</u>				e. STREET ADDRESS (If rural, give location) <u>.0880</u> <u>1</u>					
3. NAME OF DECEASED a. (First) <u>Marcy</u>			b. (Middle)		c. (Last) <u>Bailey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 25 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>negress</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Dec 29 1884</u>		9. AGE (In years last birthday) <u>69</u> Months <u>11</u> Days <u>28</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>OK</u>			13b. MOTHER'S MAIDEN NAME <u>Fannie Collins</u>			14. NAME OF HUSBAND OR WIFE <u>Jewell M</u>			
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>Jewell Marie Nancy</u>			ADDRESS <u>Highway</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture R shoulder humerus</u> ANTECEDENT CAUSES <u>depression of respiratory center due to Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>pentathol morphine anesthesia</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9047 45</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) <u>SLIPPED</u> <u>WOMENHOE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Hospital</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Dulton</u> (COUNTY) <u>Callaway</u> (STATE) <u>Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 25 1954</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell on bath on ward</u>					
22. I hereby certify that I attended the deceased from <u>Jan 25, 1954</u> , to <u>Jan 26, 1954</u> , that I last saw the deceased alive on <u>Jan 25, 1954</u> , and that death occurred at <u>5:30 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>J. B. Batton</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Dulton Mo</u>		23c. DATE SIGNED <u>Jan 25</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-29-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Huntville</u>		24d. LOCATION (City, town, or county) (State) <u>Huntville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Jan. 26-1954</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>4-26-54</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. B. Batton & Sons, Huntville, Mo.</u>					

(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..... *Paul J. Patton*

Licensed Embalmer No. *40*

P. O. Address *Huntsville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.