

FILED AUG 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHmiles  
State File No. 29514

BIRTH NO.		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 6115		Registrar's No. 119			
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL R2 Sikeston</u>		c. LENGTH OF STAY (in this place) <u>1 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL #2 Sikeston</u>		1000			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>R. 2 Sikeston</u>				d. STREET ADDRESS (If rural, give location) <u>Sikeston, R. 2</u>					
3. NAME OF DECEASED (Type or Print) <u>FANNY</u>		a. (First) <u>-----</u>		b. (Middle) <u>-----</u>		c. (Last) <u>BAILEY</u>			
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>6-10-1867</u>			
9. AGE (in years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Caldwell Co. Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>D.K.</u>		13b. MOTHER'S MAIDEN NAME <u>D.K.</u>		14. NAME OF HUSBAND OR WIFE <u>Wm Henry Dillender</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Dillender Sikeston Mo</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none known) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. ADDRESS <u>Sikeston Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CONDITION 144 DEFINED</u> DUE TO (c) <u>-----</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		794X			
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>8/6</u> , 1954, to <u>8/7</u> , 1954, that I last saw the deceased alive on <u>8/7</u> , 1954, and that death occurred at <u>4:30 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Mamie L. 200</u>				23b. ADDRESS <u>138 Front St Sikeston Mo</u>		23c. DATE SIGNED <u>8/12/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-9-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marley City</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-12-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. O. L. Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wheeler Funeral Home Sikeston Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED AUG 16 1954  
SCOTT CO. HEALTH DEPT.  
CO. FILE No. 854-174

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Raymond Lewis*

Licensed Embalmer No. 3467

P. O. Address Sturkeston Ma

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.