

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38212

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5909 Registrar's No. 2

0180

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

1. PLACE OF DEATH a. COUNTY <u>Duane</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Duane</u>	
b. CITY OR TOWN <u>Rural Little Prairie</u>	c. LENGTH OF STAY (in this place) <u>14 yrs</u>	c. CITY OR TOWN <u>Rural Little Prairie</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>4 1/2 mi S.E. Caruthersville, Mo.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HARRISON</u>	b. (Middle)	c. (Last) <u>BAILEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-25-1954</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>April 4-1889</u>	9. AGE (in years last birthday) Months Days Hours Min. <u>65 7 23</u>
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Labour</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Alexandria Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jefferson Bailey</u>	13b. MOTHER'S MAIDEN NAME <u>Willie Pearson</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Verlie Hayes Dehauglain</u>	ADDRESS <u>Rural</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, assthenia, 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>unknown</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>did not seek medical attention in earlier</u> DUE TO (c) <u>of foul play.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7955</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. B. Beecher</u> (Degree or title) <u>Ex. H.</u>	23b. ADDRESS <u>Duane Co. N. Dept Caruthersville Mo.</u>	23c. DATE SIGNED <u>Dec 1, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-29-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Pidge</u>	24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 1, 1954</u>	REGISTRAR'S SIGNATURE <u>Fessie B. Wilke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lafayette W. G. Caruthersville Mo.</u>	ADDRESS
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PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

DEC 8 1954

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 _____

LYMAN R. CUNNINGHAM

Student Embalmer No. 503

working under my personal supervision.

Student _____
Student Embalmer

Lyman R. Cunningham

Signed _____

J. Johnson

Licensed Embalmer No. 2556

P. O. Address *Kennett, 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.