

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

738

State File No.

FILED JAN 19 1955

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>4186</u>		Registrar's No. <u>78</u>	
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u>		c. LENGTH OF STAY (in this place) <u>30</u>		c. CITY OR TOWN <u>SULLIVAN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				e. STREET ADDRESS (If rural, give location) <u>0366</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MEREDITH</u> b. (Middle) <u>LEON</u> c. (Last) <u>BAILEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 18 55</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>1-8-1888</u>	
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Days <u>0</u> Hours <u>10</u> Min.		11. BIRTHPLACE (City and State or Foreign Country) <u>FRANKLIN, CO. O. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, if retired) <u>Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY _____				
13a. FATHER'S NAME <u>MOSES BAILEY</u>			13b. MOTHER'S MAIDEN NAME <u>MARY SHEPARD</u>			14. NAME OF HUSBAND OR WIFE <u>FLORENCE BAILEY</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>492-20-9392</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARCUS BAILEY SULLIVAN 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Far Advanced Pulmonary Tuberculosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>002 X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>7/17</u> , 19 <u>51</u> , to <u>Jan 18, 1955</u> , that I last saw the deceased alive on <u>Jan 18, 1955</u> , and that death occurred at <u>6:00 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John J. Delatorre, M.D.</u>				23b. ADDRESS <u>Sullivan Mo</u>		23c. DATE SIGNED <u>1/18/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIED</u>		24b. DATE <u>1-20-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. CEMETERY SULLIVAN MO</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>1-18-55</u>		REGISTRAR'S SIGNATURE <u>Thomas A. Humphrey</u> <u>49610</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. M. Eaton Sullivan Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 *J. A. Hemphrey*.....

Licensed Embalmer No. *477*

P. O. Address *Sullivan*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.