

FILED FEB 1 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 1683

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Livingston			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Linn		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. LENGTH OF STAY (In this place) 2 WKS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Meadville, Mo. 05-90		
d. FULL NAME OF HOSPITAL OR INSTITUTION 60 Cherry St. /			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) MARION		a. (First)	b. (Middle) LOUISE	c. (Last) BAILEY	4. DATE OF DEATH (Month) (Day) (Year) Jan. 24, 1955
5. SEX Fem. /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH June 19, 1892	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months
IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Nevada 0
12. CITIZEN OF WHAT COUNTRY? USA	13a. FATHER'S NAME Alix Dickson		13b. MOTHER'S MAIDEN NAME Fannie Powers	14. NAME OF HUSBAND OR WIFE Jess Bailey (DEC)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. XX	17. INFORMANT'S SIGNATURE OR NAME Mrs. Jessie Jacobs, Meadville, Mo.	ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 6 months
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pelvis	ANTECEDENT CAUSES None				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	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 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)			
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 Dec 1954 to Jan 24, 1955, that I last saw the deceased alive on Jan 20, 1955, and that death occurred at 3:15 P.M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) M. Bennett, D.O.			23b. ADDRESS Chillicothe		23c. DATE SIGNED 1-25-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/26/55	24c. NAME OF CEMETERY OR CREMATORY Meadville cemetery	24d. LOCATION (City, town, or county) Meadville, Mo.	(State)	
DATE REC'D BY LOCAL REG. 1-25-55	REGISTRAR'S SIGNATURE Francis B. Hill	25. FUNERAL DIRECTOR'S SIGNATURE Donald Gordon	ADDRESS Chillicothe, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

Funeral 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
Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address.....

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.