

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14054**

FILED MAY 7 - 1957

BIRTH NO. _____		REG. DIST. NO. 237		PRIMARY REG. DIST. NO. 4353		Registrar's No. 4	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY New Madrid		b. CITY (If outside corporate limits, write RURAL and give township) Gideon		a. STATE Missouri		b. COUNTY New Madrid	
c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) Gideon		d. STREET ADDRESS _____		(If rural, give location) 0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION home							
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) Hattie	b. (Middle) (none)	c. (Last) Bailey	(Month) 4	(Day) 22	(Year) 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10-4-1874		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 6 Days 18	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Carver Mills, Del.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME William Carver		13b. MOTHER'S MAIDEN NAME Martha E. Panky		14. NAME OF HUSBAND OR WIFE Charles Bailey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Vivian Price Gideon, Mo.				
18. CAUSE OF DEATH		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia					2 days
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Broncho-genic carcinoma					2 yrs.
		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 162x				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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 April 1955 to April 22 1957 , that I last saw the deceased alive on 4-21-57 , and that death occurred at 6:20 PM from the causes and on the date stated above.							
23a. SIGNATURE J. P. Hopkins, M.D.				23b. ADDRESS Gideon, Mo.		23c. DATE SIGNED 4/24/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4-24-1957	24c. NAME OF CEMETERY OR CREMATORY Stanfield Cem. Clarkton, Mo.		24d. LOCATION (City, town, or county) (State) _____		
DATE REC'D BY LOCAL REG. 4-25-57		REGISTRAR'S SIGNATURE Wm F Hopkins		25. FUNERAL DIRECTOR'S SIGNATURE Lloyd Russell Leggett Ark			

0720

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

456

DATE RECEIVED APR 29 1957
NEW MADRID CO. HEALTH CENTER
P. J. L.

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 Floyd Russell

Licensed Embalmer No. 509- Ark.

P. O. Address Piggott Ark.

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.