JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-012129

STATE FILE NUMBER

FILED VS MAR 25 1960

NDED

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY Pulaski Co
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo. Length of stay in 1b 9 days.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Waynesville GeneralHosp Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Pulaski
c. CITY OR TOWN Waynesville,Mo. Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) None. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Norman. Middle ----- Last Dailey.
4. DATE OF DEATH Month March Day 2, Year 1960
5. SEX Male
6. COLOR OR RACE White.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH x12/30/1888
9. AGE (last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.
10b. KIND OF BUSINESS OR INDUSTRY Special Officer
11. BIRTHPLACE (City and state or country) Nebraska.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Elijah. Dailey.
13b. MOTHER'S MAIDEN NAME Irene Ulmer.
14. NAME OF HUSBAND OR WIFE Nettie Metilda Dailey
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. 577-09-7343
17. INFORMANT Mrs. Nettie M.Dailey Address Waynesville, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Congestive heart failure	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertension	2 years
DUE TO (c)	Diabetes	4 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-23-60, to 3-2-60 and last saw ~~her~~ him alive on 3-2-60

Death occurred at 11:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. Miller M.D. (Degree or title) M.D.
22b. ADDRESS Waynesville,Missouri
22c. DATE SIGNED 3/5/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/6/60
23c. NAME OF CEMETERY OR CREMATORY Way. Memorial Cemetery
23d. LOCATION (City, town, or county) (State) Waynesville,Mo.

24. FUNERAL DIRECTOR Billy Hedges ADDRESS Hedges Funeral Home Way, Missouri
25. DATE RECD. BY LOCAL REG. 3-6-60
26. REGISTRAR'S SIGNATURE Eula Mae Anderson

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER MAR 25 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Clarence Thrash

Signature of Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con 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.