

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24955

State File No. \_\_\_\_\_

FILED JUL 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4273 Registrar's No. 218

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

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY OR TOWN <u>CONCORDIA</u>		c. CITY OR TOWN <u>CONCORDIA</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1101 MAIN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1101 MAIN ST</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>OLETA</u>	b. (Middle) <u>IRENE</u>	c. (Last) <u>BAILEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 6 1952</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Aug 18 1910</u>	9. AGE (In years last birthday) <u>41</u>	10. UNDER 1 YEAR Months	11. UNDER 24 hrs. Hours	12. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME WORK</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>HENRY COUNTY MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WILLIAM DUDLEY DE LOZIER</u>	13b. MOTHER'S MAIDEN NAME <u>JOANNA BRIGGS</u>	14. NAME OF HUSBAND OR WIFE <u>BRICE JAMES BAILEY</u>
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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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>BRICE JAMES BAILEY</u>	ADDRESS <u>CONCORDIA, MO</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary carcinoma of breast with generalized metastases</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUE TO (b)</u> <u>DUE TO (c)</u>		
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 <u>170X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 May 19, 1950, to July 6, 1952, that I last saw the deceased alive on July 5, 1952, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Brady, M.D.</u> (Degree or title) <u>J</u>	23b. ADDRESS <u>Concordia, Mo</u>	23c. DATE SIGNED <u>7/7/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>July 9</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ENGLEWOOD</u>	24d. LOCATION (City, town, or county) (State) <u>CLINTON MO</u>
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DATE REC'D BY LOCAL REG. <u>July 8 1952</u>	REGISTRAR'S SIGNATURE <u>Blayton St. Landrum</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. James</u> ADDRESS <u>Concordia, Mo</u>
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DEC 12 1958

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia 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.