

FILED JUL 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19702

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No. <u>555</u>			
1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Moniteau</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>		<u>0681</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham Sanitarium</u>				d. STREET ADDRESS (If rural, give location) <u>303 Railroad Ave.</u>					
3. NAME OF DECEASED (Type or Print) <u>ERNA BERTHA CAROLINA BAILEY</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>June 26 1954</u>		(Month)		(Day)		(Year)			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Sept 5, 1903</u>			
9. AGE (In years last birthday) <u>50</u>		if UNDER 1 YEAR Months <u>9</u>		if UNDER 1 YEAR Days <u>29</u>		if UNDER 24 HRS. Hours <u></u> Mins. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber yard</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>California Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Henry Bertram</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Lademann</u>		14. NAME OF HUSBAND OR WIFE <u>Leslie H. Bailey</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>495-01-8490</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Pearl M. Jody Lademann</u> <u>Lepton, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of breast</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u> *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) _____ 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 <u>Feb, 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of breast</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (In, on 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 <u>Feb 7, 1950</u> , to <u>June 26, 1954</u> , that I last saw the deceased alive on <u>June 26, 1954</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Kerrison Latham M.D.</u>				23b. ADDRESS <u>California, Mo.</u>		23c. DATE SIGNED <u>6-28-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>June 28, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New City Cern</u>		24d. LOCATION (City, town, or county) (State) <u>California Mo.</u>			
DATE REC'D BY LOCAL REG. <u>June 30 54</u>		REGISTRAR'S SIGNATURE <u>H. L. Pappas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Wilson</u>		ADDRESS <u>California Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
0681
0

JUL 8 19

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 A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, 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.