

FILED NOV 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37808

State File No.

BIRTH NO.		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No. <u>55</u>	
1. PLACE OF DEATH a. COUNTY <u>Monteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Monteau</u>			
b. CITY OR TOWN <u>California</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>California</u>		0621	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>303 Railroad Ave</u>				d. STREET ADDRESS (If rural, give location) <u>303 Railroad Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LESLIE</u>			b. (Middle) <u>HERBERT</u>		c. (Last) <u>BAILEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 13 1950</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 30, 1899</u>		9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>13</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ark Grove, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel R. Bailey</u>		13b. MOTHER'S MAIDEN NAME <u>Millie Quick</u>		14. NAME OF HUSBAND OR WIFE <u>Erna Bertram</u>			
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>495-05-8684</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Erna Bertram Bailey</u> ADDRESS <u>California</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of liver</u> 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.						INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> <u>5810</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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>Oct 11, 1950</u> , to <u>Nov 13, 1950</u> , that I last saw the deceased alive on <u>Nov 13, 1950</u> , and that death occurred at <u>5:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Kenyon Latham M.D.</u>				23b. ADDRESS <u>California, Mo.</u>		23c. DATE SIGNED <u>11-14-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Nov 15, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>California Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-15-50</u>		REGISTRAR'S SIGNATURE <u>W.R. Poppey M.D.</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

RECEIVED 11-20-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11-20-50

1950

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

A. E. Wilson

Signed.....

Student Embalmer

Licensed Embalmer No. 2351

P. O. Address California, Mex

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.