

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38559  
Registrar's No. 129

Registration District No. 218

Primary Registration District No. 3015

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

1. PLACE OF DEATH:

(a) County COOPER  
(b) City or town BOONVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
748 THIRD STREET  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 10 YEARS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER  
(c) City or town BOONVILLE  
(If outside city or town limits write "RURAL")  
(d) Street No. 748 THIRD STREET  
0 (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME MRS SALLY BAILEY DON CARLOS

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE 491-07-7783

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife CHARLES DON CARLOS 6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased JULY 27 1888  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>5</u>	<u>8</u>	hr. _____ min.

9. Birthplace CLARKSBURG MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

MOTHER FATHER { 12. Name C.P. BAILEY 0  
13. Birthplace CALIFORNIA MISSOURI  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY WOOD 0  
15. Birthplace CALIFORNIA MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant CHARLES DON CARLOS  
(b) Address SEDALIA MISSOURI

17. (a) BURIAL (b) Date thereof DEC. 7 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MT. MORIAH (Moniteau Co.)

18. (a) Signature of funeral director STEGNER & KOENIG  
(b) Address BOONVILLE, MISSOURI

19. (a) 12-6-40 (b) St. Haughe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 5th  
1940 year. 1940 hour 10:20 minute A.M.

21. I hereby certify that I attended the deceased from Aug 18 1940 to Dec 5 1940  
that I last saw her alive on Dec 5 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block

Due to Acidosis -

Due to Diabetes

Other conditions 54  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None  
Of autopsy None

Duration  
PHYSICIAN  
Underlines the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) NO  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? NO  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature M.S. McQuinn (M. D. or other) M.D.  
Address Boonville Mo Date signed 10/6/40

RECEIVED  
District Health Officer No. 8,  
District File Number 12-9-40  
Date Filed

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed James W. Stegner  
Licensed Embalmer No. 3780  
P. O. Address Boonville, 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, above space should be left blank.**