II				ALTH OF MISSOL			20679
ED JUL 7-1	953	STANDAR	D CERTIF	FICATE OF DEA	ATH s	ate File No	~0070
BIRTH NO	_,	_ REG. DIST. NO.	32	PRIMARY REG. DIST.	NO.57/2 R	egistrar's No	44
I. PLACE OF DEA	TH LINGER			2. USUAL RESID	ENCE (Where decease b.	d lived. If ineticounty	itution: residence before admission.
b. CITY (If outside co		URAL and give township)	LENGTH OF	c. CITY (if outside out OR TOWN	Pur RAL	Land give towns	5090
difull name of (HOSPITAL OR INSTITUTION	If not in hospital or in	- //	A TL	d. STREET ADDRESS MA	(If rural, give location) RBLE H	ILL R	70=1
3. NAME OF DECEASED 3. (Type or Print)	a. (First) ADOLPHU	^	Alddle)	C. (Last) BAILEY	4. DATE OF DEATH	(Month) 6 - 2	(Day) (Year) 2-/953
S. SEX E 6.	COLOR OR RACE	7. MARRIED, NEVE WIDOWED, DIVO	RCED (Breakly)	SAN. 11/2	last birth	years D DOCK lay) Months	
10a. USUAL OCCUPATION dozen during most of works	ON (Give kind of working life, even if retired)	REAL EST	SINESS OR IN- DUSTRY	11. BIRTHPLACE (G.	ty and State or Foreign	Country)	12. CITIZENOF WHAT COUNTRY?
13a. FATHER'S NAME WILLIAM	BAIL	136. МОТ	HER'S MAIDEN	NAME COLE	14. NAME OF HUS		BAILEY
15. WAS DECEASED EVE (You. no. or unknown) (II	R IN U.S. ARMED		IAL SECURITY NO.	17. INFORMANT'	5 SIGNATURE OF	NAME Kesto	ADDRESS
18. gAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR C DIRECTLY LEAD	ONDITION ING TO DEATH*(a)	MEDICAL CO	CERTIFICATION	Thrond	ons.	INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis-	ANTECEDENT C. Morbid condition rise to the above o the underlying con	s, if any, giving DUE ause (a) stating use last.	TO (b)	<u>d</u>			
ease, injury, or complica- tion which caused death.	II. OTHER SIGNI	DUE FICANT CONDITIONS buting to the death but use or condition causin	TO (c)				
19a. DATE OF OPERA- TION		DINGS OF OPERATION		,* · · · · · · · · · · ·	42	٥/ .	20. AUTOPSY?
21a. ACCIDENT SUICIDE HOMICIDE	(Bpecify)	21b. PLACE OF INJUR home, farm, factory, stre	lY (e.g., in or about at, office bldg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME (Meeth) OF INJURY	(Day) (Year)	(Hour) 21e. INJUF	NOT WHILE	21f. HOW DID INJURY	OCCURT		
22. I hereby certify	that I attended (the deceased from	5/22 h occurred at	4:53, to 6	he causes and on t	; that I last	t saw the deceased i above.
23a. SIGNATURE	D. 71	rban	Degree or title) M. D	23b. ADDRESS	Kesto	<u> </u>	23c. DATE SIGNED
24a. BURTAL, CREMA TION, REMOVAL (Breeds) BURIAL	24b. DATE 7	5 3 GAA	DEN OF	RY OR CREMATORY MEMORIES	24d. LOCATION (City	/	Mo
DATE REC'D BY LOCA	Wille	Dauleu	Michal	Welsh France	nal Home-	- Sikert	- Me
		(Licens	ed Embalmer's	Statement on Reverse Sic	le)		



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on	the reverse side of this c	ertificate was embal	med by me, or by
		Student Embalme	r Ho
rocking under my personal represicion		_	

vorking under my personal supervision.

Student Embalmer

ed Jaymond (seu

P. O. Address Substantial

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.