

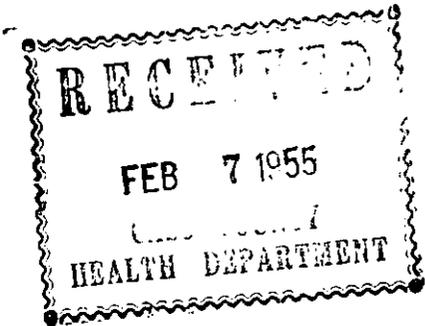
FILED FEB 8 - 1955

STANDARD CERTIFICATE OF DEATH

MISSOURI
4097 State File No. 8

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

BIRTH NO.		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 5231		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY <i>Cass</i> b. CITY (If outside corporate limits, write RURAL and give town) <i>Harrisonville mo</i> c. LENGTH OF STAY (In this place) <i>6 days</i> d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Memorial Hospital</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cass</i> c. CITY OR TOWN <i>Peculiar</i> d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <i>0190</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>JULIA</i> b. (Middle) <i>V.</i> c. (Last) <i>ULLERY</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 24-1955</i>		5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>Jan. 12-1879</i>		9. AGE (In years last birthday) <i>76</i>		10. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <i>House wife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Peculiar mo. 0</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>William Bailey</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Armet Jones Curtis</i>		14. NAME OF HUSBAND OR WIFE <i>H. Ullery</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <i>no.</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <i>Mrs Tom B. Spruill Peculiar mo.</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>PROGRESSIVE BULBAR PARALYSIS</i> ANTECEDENT CAUSES DUE TO (b) <i>ARTERIAL HYPERTENSION</i> DUE TO (c) <i>SENILE</i> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>1 mo.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4/4/4 X</i>				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)		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 <i>11-10</i> , to <i>1-24</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>1-24</i> , 19 <i>55</i> , and that death occurred at <i>8:00</i> P.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>David S. King M.D.</i>				23b. ADDRESS <i>Harrisonville mo</i>		23c. DATE SIGNED <i>1-27-55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>1-26-55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Wells Cem</i>		24d. LOCATION (City, town, or county) (State) <i>Peculiar mo</i>	
DATE REC'D BY LOCAL REG. <i>Feb 1 1955</i>		REGISTRAR'S SIGNATURE <i>Dora Barward</i> 457-0		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Geo. E. Myers Cleveland mo.</i>			



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.....
Signature of Student Embalmer

Signed.....
Geo. E. Myers

Licensed Embalmer No. *2572*

P. O. Address *Cleveland*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.