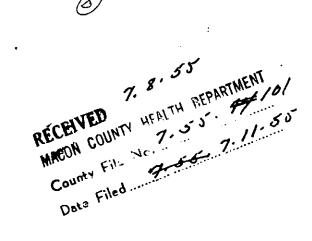
o. 3 00	FILED JUL 1	2 1955	THE DIVISION OF HE STANDARD CERTIF		GU 2 /3 ()	19394
9-48 7D	BIRTH NO REG. DIST. NO. 57.30 PRIMARY REG. DIST. NO. 797 Kegistrar's No.					
, 12 	1. PLACE OF DEA a. COUNTY	тн acon		II - CTATE	ENCE (Where decoased lived. b. COUNTY	If institution: residence before admission)
Q	b. CITY (If outside corporate limits, write RURAL and give OR township) STAY (in this place) TOWN Drak Township			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Drake Township		
RECORD	d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			d. STREET (If rural, give location) ADDRESS West of South Gifford Mo		
	3. NAME OF DECEASED (Type or Print)	a. (First) Jesse	b. (Middle)	c. (Last)	4. DATE (Mon OF DEATH ال	th) (Day) (Year)
PERMANENT		color or RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH November 14	9. AGE (In years) of last birthday) Mo	
ERM	10a. USUAL OCCUPATIO done during most of working Farmer	N (Give kind of work ag life, even if retired)		11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY? U. S. A.
A	13a. FATHER'S NAME George Bail	ev	13b. MOTHER'S MAIDEN		14. NAME OF HUSBAND OR	WIFE
Make	15. WAS DECEASED EVE (Yee, no, or unknown) (If	R IN U.S. ARMED	FORCES? 16. SOCIAL SECURITY	17. INFORMANT'	S SIGNATURE OR NAME I. Bailey New Bo	ADDRESS Oston Mo
INK—)	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR C DIRECTLY LEAD		entification	Indetermine	INTERVAL BETWEEN ONSET AND DEATH
CK	*This does not mean the mode of dying, such as hear! fallure, asthenia,	ANTECEDENT C	s. if any giring DUE TO (b)	De.	ath.	
G BLA	etc. It means the dis- case, injury, or complica-	rise to the above of the underlying ca	DUE TO (c)	: 		
UNFADING	tion which caused death.	Conditions contri-	FICANT CONDITIONS buting to the death but not issee or condition causing death.			
UNE	19a. DATE OF OPERA- TION	19b. MAJOR FIN	DINGS OF OPERATION	<u>.</u> .	1955	20. AUTOPSY?
SING	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP) (COUNTY	() (STATE)
	21d. TIME (Month) OF INJURY	(Day) (Year)	(Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY	OCCUR?	
PLAINLY	alive on		he deceased fromand that death occurred at	- •	, 19, that I be causes and on the date s	tated above.
	23 SIGNATURE	Sutton	3 Covores	23b. ADDRESS .	, Mor	3c. DATE SIGNED
WRITE	Z4a. BURIAL, CREMA- TION REMOVAL (Specify) Burial	July 4		· .	24d. LOCATION (City, town, or Winigan Sul	Livan Co Mo
	DATE BEC'D BY LOCAL REG.	registrar's s	ne Howerton	25. EUNERAL DIRECT	e Celling South	ADDRESS Gifford No
		/	(Licensed Embalmer's S	tatement on Reverse/Side	.,	



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.

Licensed Embalmer No. 2052

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

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