

FILED NOV 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37748**

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 278 | | PRIMARY REG. DIST. NO. 3054 | | Registrar's No. 115 | |
| 1. PLACE OF DEATH a. COUNTY Pike | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): a. STATE Missouri b. COUNTY Pike | | | |
| b. CITY OR TOWN Lionsburg | | c. LENGTH OF STAY (in this place) 2 1/2 days | | c. CITY OR TOWN Frankford | | d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital | | | | STREET ADDRESS (If rural, give location) 08 1/2 | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) JAMES | | b. (Middle) NEAL | | c. (Last) BAILEY | |
| 4. DATE OF DEATH | | (Month) Oct | | (Day) 31 | | (Year) 1955 | |
| 5. SEX M | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH SEPT. 28 - 1897 | |
| 9. AGE (in years last birthday) 58 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) Frankford Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Henry R. Bailey | | 13b. MOTHER'S MAIDEN NAME Susan Fauter | | 14. NAME OF HUSBAND OR WIFE Bessie Bailey | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 498-10-0851 | | 17. INFORMANT'S SIGNATURE OR NAME Ms. Wanda Smokey Jolley Lee ADDRESS _____ | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) lower nephron nephrosis | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES DUE TO (b) 3rd degree burn trunk & arm | | | | 3 days | |
| | | DUE TO (c) prolonged shock | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION 9160 16 | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Frankford Pike 08 1/2 Mo. | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 - 29 - 55 m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? unknown fell asleep smoking. | | | |
| 22. I hereby certify that I attended the deceased from Oct. 29, 1955 , to Oct. 31, 1955 , that I last saw the deceased alive on Oct. 31, 1955 , and that death occurred at 8:00 p.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) John H. Hooker, M.D. | | | | 23b. ADDRESS Clarksville, Mo. | | 23c. DATE SIGNED 11-8-55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE (2) Nov. 2, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY Fairview Cem. | | 24d. LOCATION (City, town, or county) (State) Frankford Mo. | |
| DATE REC'D BY LOCAL REG. Nov 10, 1955 | | REGISTRAR'S SIGNATURE Chernice Calber 374 | | 25. FUNERAL DIRECTOR'S SIGNATURE J. Lee ADDRESS Frankford Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *Jose Felicio Megaw*.....
40

Licensed Embalmer No.....

P. O. Address *Frankfor*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.