

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 (If outside corporate limits, write RURAL and give township) 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) 0870			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) NEAL		c. (Last) BAILEY		4. DATE OF DEATH (Month) (Day) (Year) OCT 31 1955	
5. SEX M		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unmarried		8. DATE OF BIRTH SEPT. 28 - 1897	
9. AGE (in years last birthday) 58		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 Foster		14. NAME OF HUSBAND OR WIFE Bessie Bailey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 498-10-0851		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Wanda Smothery, 2121 Lee			
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 ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 3rd degree burn trunk+arms DUE TO (c) prolonged shock II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9160 16			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 082 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 Clarksburg, Mo.		23c. DATE SIGNED 11-8-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 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 Callee		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Field-Megaw Frankford Mo.			

(Licensed Embalmer's Statement 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Jose Felicio Megaw*.....
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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.