

FILED JUN 24 1957

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BIRTH NO.		REG. DIST. NO. 4348		PRIMARY REG. DIST. NO. 23-3		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY <u>MONTGOMERY</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WELLSVILLE</u> c. LENGTH OF STAY (in this place) <u>YES</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home -</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONTGOMERY</u> c. CITY OR TOWN <u>WELLSVILLE</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No. STREET ADDRESS (If rural, give location) <u>0708</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>RILEY</u> c. (Last) <u>BAILEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 5 - 1957</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>UNK</u>		9. AGE (In years last birthday) <u>94</u> If UNDER 1 YEAR: Months Days If UNDER 24 HRS: Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Montgomery County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>HENRY BAILEY</u>		13b. MOTHER'S MAIDEN NAME <u>UNK</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Geo. BAILEY</u>		ADDRESS <u>WELLSVILLE Mo</u>		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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u> 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		20. AUTOPSY? <u>2</u> 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) <u>794 X</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>June 1, 1957</u> , to <u>June 5, 1957</u> , that I last saw the deceased alive on <u>June 5, 1957</u> , and that death occurred at <u>1:30 P</u> m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Willis H. Walls MD</u>		23b. ADDRESS <u>Wellsville Mo</u>	
23c. DATE SIGNED <u>6/17/57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-8-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Wellsville Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wells Fun'h Home</u>		ADDRESS <u>WELLSVILLE Mo</u>		DATE REC'D BY LOCAL REG. <u>6-17-57</u>	
REGISTRAR'S SIGNATURE <u>Statute Romano</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wells Fun'h Home</u>		ADDRESS <u>WELLSVILLE Mo</u>		DATE REC'D BY LOCAL REG. <u>6-17-57</u>	

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

Richard J. McDonald

Licensed Embalmer No. *48*

P. O. Address *M. J. ...*

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.