

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 20458  
Registrar's No. 4851

FILED JUN 20 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)		
b. CITY OR TOWN St. Louis, Mo.			a. STATE Missouri		b. COUNTY Lincoln
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		c. CITY OR TOWN Elsberry		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 1-0	
3. NAME OF DECEASED (Type or Print)			e. STREET ADDRESS Rural		f. DATE OF DEATH (Month) (Day) (Year) May 31, 1955
a. (First) Mary		b. (Middle) NMN		c. (Last) Ulery	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-25-1876	9. AGE (In years last birthday) 79	10. UNDER 1 YEAR Months 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Lincoln, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James H. Bailey		13b. MOTHER'S MAIDEN NAME Medora Ann Hayden		14. NAME OF HUSBAND OR WIFE William Ulery (deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus		ANTECEDENT CAUSES			18 mos.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Adenocarcinoma of rectum			
		DUE TO (c)			
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? 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 154 X

22. I hereby certify that I attended the deceased from May 11, 1955, to May 31, 1955, that I last saw the deceased alive on May 31, 1955, and that death occurred at 11:58 P.M. from the causes and on the date stated above.

23a. SIGNATURE C. J. Vermillion, M.D.	(Degree or title) M. D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 5/31/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-3-1955	24c. NAME OF CEMETERY OR CREMATORY Elsberry Cemetery	24d. LOCATION (City, town, or county) (State) Elsberry Lincoln Mo.
DATE REC'D BY LOCAL REG. JUN 3 1955	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Clifton Miller - Elsberry, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 28 1956

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 Aug. 31-1955, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Clifton Miller

Licensed Embalmer No. 33

P. O. Address Elsberry

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.