

FILED OCT 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29742

BIRTH NO. 21343-49 REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5329 Registrar's No. 27-1949

1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>BOURBON "RURAL" OAKHILL</u>	c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>BOURBON "RURAL" OAKHILL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>		d. STREET ADDRESS (If rural, give location) <u>Road #1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RICHARD</u> b. (Middle) <u>LEE</u> c. (Last) <u>BAYLESS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-22-1949</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>CHILD</u>	8. DATE OF BIRTH <u>2-27-1949</u>	9. AGE (In years last birthday) <u>0</u>	10. MONTHS <u>6</u>	11. DAYS <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>BOURBON MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>GEORGE BAYLESS</u>	13b. MOTHER'S MAIDEN NAME <u>VIOLA HANSELL</u>	14. NAME OF HUSBAND OR WIFE <u>GEORGE BAYLESS</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>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>GEORGE BAYLESS</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		491A Since Birth
	DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Congenital Heart Disease</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 2-27, 1949 to 9-22, 1949, that I last saw the deceased alive on 9-21, 1949, and that death occurred at 1:00 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>F. A. Ubers</u>	(Degree or title)	23b. ADDRESS <u>Cuba, Mo</u>	23c. DATE SIGNED <u>9-23-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-23-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HIGGINS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Cuba Missouri</u>
DATE REC'D BY LOCAL REG. <u>9-23-1949</u>	REGISTRAR'S SIGNATURE <u>Paula. Shamb...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Long</u>	

RECEIVED 9/26/49
District Health Officer No. 5,
District File Number 949626
Date Filed 9/29/49

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
Student Embalmer

Signed Norman C. Hoener

Licensed Embalmer No. 4673

P. O. Address Cuba, Missouri

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