

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12833
State File No. 1633

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City Missouri		c. LENGTH OF STAY (In this place) 6 Mos.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City Missouri		d. STREET ADDRESS 7533 Wyandotte Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7533 Wyandotte St.							
3. NAME OF DECEASED a. (First) Mrs. Mary Caroline			b. (Middle) BAYLESS		c. (Last) BAYLESS		4. DATE OF DEATH (Month) (Day) (Year) 4--7--1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 13 1870		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Butler Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John Gragg		13b. MOTHER'S MAIDEN NAME Lucinda Gragg		14. NAME OF HUSBAND OR WIFE Samuel A. Bayless			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Ruth Segler 7533 Wyandotte St.			
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) Cause of Death Unknown ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Probably Coronary DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Post Rupture				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pryor Oklahoma			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the cause and on the date stated above.							
23a. SIGNATURE Ruth H. Owens				23b. ADDRESS 1034 Pryor Blvd		23c. DATE SIGNED 4-7-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-8-1950		24c. NAME OF CEMETERY OR CREMATORY Pryor Oklahoma		24d. LOCATION (City, town, or county) (State) Pryor Oklahoma	
DATE REC'D BY LOCAL REG. 4-7-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS France Wornall Funeral Home			

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

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

Russell N. France

Licensed Embalmer No. *6755*

P. O. Address. *K C MO*

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.