S. No. 300
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FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17923

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 184

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rivermines, Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rivermines 0940
d. STREET ADDRESS (If rural, give location) 12 Walmut St. 0

3. NAME OF DECEASED (Type or Print) a. (First) LUTHER b. (Middle) c. (Last) BAYLESS

4. DATE OF DEATH (Month) (Day) (Year) May-19-1950

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH July-22-1885
9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months 9 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY Lead
11. BIRTHPLACE (State or foreign country) Knob Lick, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Freeland Bayless
13b. MOTHER'S MAIDEN NAME Fanny Gallop
14. NAME OF HUSBAND OR WIFE Eva Rutherford Bayless

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 493-03-9884
17. INFORMANT'S SIGNATURE OR NAME Mrs. Eva Bayless ADDRESS Rivermines, Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 36 h

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterio-sclerosis (general)
DUE TO (c) 331 X

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 ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-18, 1950, *to* 5-19, 1950, *that I last saw the deceased alive on* 5-19, 1950, *and that death occurred at* 7:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE H O Gaebel MD (Degree or title)
23b. ADDRESS Desloge, Missouri
23c. DATE SIGNED 5-20-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE May-22-1950
24c. NAME OF CEMETERY OR CREMATORY St. Francois Memo
24d. LOCATION (City, town, or county) St. Francois Co. (State) Mo

DATE REC'D BY LOCAL REG. May 20, 1950
REGISTRAR'S SIGNATURE Esther Rudloff 299 0
25. FUNERAL DIRECTOR'S SIGNATURE SPARKS ADDRESS Flat River, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAY 29 1950

DISTRICT HEALTH OFFICE No. 4

File No. 550-745

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 Murphy L. Sparks

Licensed Embalmer No. 4256

P. O. Address Flat River 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.