

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26752

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3482</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>LIFE.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>2406 Independence</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST Joseph's Hosp.</u>		3. NAME OF DECEASED a. (First) <u>EDGAR</u> b. (Middle) <u>E.</u> c. (Last) <u>Bayles</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 13 1950</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>OCT. 6, 1871</u>	
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>James A. Bayles</u>		13b. MOTHER'S MAIDEN NAME <u>House Allen</u>		14. NAME OF HUSBAND OR WIFE <u>none.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. E. Mills 2401 Independence.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subphrenic abscess</u> ANTECEDENT CAUSES DUE TO (b) <u>perforated colon.</u> <u>enema.</u> DUE TO (c) <u>Prostrator - Constipation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>					
19a. DATE OF OPERATION <u>8-1-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>See above</u>				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) _____ m.		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>6-1</u> , 19 <u>50</u> , to <u>8-1</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-13</u> , 19 <u>50</u> , and that death occurred at <u>12 p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. N. Gentry M.D.</u>				23b. ADDRESS <u>915 Angell Blvd.</u>		23c. DATE SIGNED <u>8-14-50</u>	
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>8/15/50</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Lee Summit, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-15-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stone & Melune</u>		ADDRESS <u>K.E. Mo.</u>	

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

Embalmer

1/1/1932

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.
J. Gallan

Licensed Embalmer No. *1415*

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.