

STANDARD CERTIFICATE OF DEATH

State File No. **9707**
Registrar's No. **1292**

FILED MAR 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1292</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>			c. LENGTH OF STAY (In this place) <u>50 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2100 East 36th Street</u>				d. STREET ADDRESS (If rural, give location) <u>2100 East 36th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>(none)</u>		c. (Last) <u>Bayliss</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 2 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 12 1883</u>		9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u></u>
IF UNDER 24 HRS. Days <u></u>	IF UNDER 24 HRS. Hours <u></u>	IF UNDER 24 HRS. Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Police Officer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Police Dept.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Waverly, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Bayliss</u>			13b. MOTHER'S MAIDEN NAME <u>Louise Ballany</u>		14. NAME OF HUSBAND OR WIFE <u>Flossie Bayliss</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mr. George E. Hart, 822 West 39th Street, Kansas City Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Emphysema.</u>							<u>5 Years.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Traumatic chest deformity (multiple fractures left ribs)</u>						<u>35 Years.</u>
DUE TO (c) <u>Prostatic Carcinoma with general osseous metastasis</u>							<u>4 Years.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>Chronic Pyelonephritis</u>						<u>4 Years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION						
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) <u>9102 H</u> (COUNTY) <u>MO</u> (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>Jan. 1951</u> , to <u>2 March, 1953</u> , that I last saw the deceased alive on <u>22 Feb. 1953</u> , and that death occurred at <u>6:45 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Philip G. Kaul</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>411 Nichols Road</u>		23c. DATE SIGNED <u>3-3-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 5, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u>		
DATE REC'D BY LOCAL REG. <u>3-4-53</u>		REGISTRAR'S SIGNATURE <u>Deraldine Smith</u>		FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>DW Newkome Sons Kansas City, MO</u>			

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

2-00-5

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Kansas City, 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.