

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 3739

BIRTH NO. _____		REG. DIST. NO. 378		PRIMARY REG. DIST. NO. 1286		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY WRIGHT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MO b. COUNTY Wright			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wood Township		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN MTN Grove		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 2/1/41	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) N. W. of MTN GROVE			
3. NAME OF DECEASED (Type or Print) JENNIE		a. (First)		b. (Middle) BAYLESS		c. (Last)	
4. DATE OF DEATH Jan 27, 1955		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Oct 2, 1866		9. AGE (In years last birthday) 88		10. MONTHS 3		11. DAYS 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Odell, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Isaiah Hodgson		13b. MOTHER'S MARDEN NAME Mary Jones		14. NAME OF HUSBAND OR WIFE William H. Bayless			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Ernest D. Bayless			
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) Decomposition Cerebral ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) Arteriosclerosis + Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1-10-55 Not Known	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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) (Min.)		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 May , 1953, to 1-27- , 1955, that I last saw the deceased alive on 1-20 , 1955, and that death occurred at 10:40 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE Edw. J. Brown		(Degree or title) MD		23b. ADDRESS Mountain Grove MO		23c. DATE SIGNED 1-25-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 25, 1955		24c. NAME OF CEMETERY OR CREMATORY Hillcrest		24d. LOCATION (City, town, or county) (State) MTN Grove, MO	
DATE REC'D BY LOCAL REG. 1-26-55		REGISTRAR'S SIGNATURE A. B. Ames		348-0		25. FUNERAL DIRECTOR'S SIGNATURE Ernest D. Bayless	
						ADDRESS MTN Grove	

(Licensed Embalmer's Statement on Reverse Side)

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

WRIGHT CO. REGISTRATION
County File Number 255-14
Date Filed 2-5-55

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.....
Signature of Student Embalmer

Signed Frank Grable

Licensed Embalmer No. 4140

P. O. Address mtm Brow

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.