THE DIVISION OF HEALTH OF MISSOURI

FILED JUN 27 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 57 021 487

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 266

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City (Blue) — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 10409 Gill — Length of stay in 1b

2. USUAL RESIDENCE. (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 10409 Gill — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Harriet Middle R. Last Bayes

4. DATE OF DEATH Month June Day 20 Year 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH May 4, 1863
9. AGE (In years last birthday) 94 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Mountain Grove Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Burns
13b. MOTHER'S MAIDEN NAME Melissa Burns
14. NAME OF HUSBAND OR WIFE Thomas H. Bayes

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. None
17. INFORMANT Mrs Sarah Bateman Address 10409 Gill K.C. Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 6 Wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis —
DUE TO (c) Senility 4500 —
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Terminal Diarrhea + Hemorrhage
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 1955, to June 20 '57 and last saw her/him alive on June 15 1957
Death occurred at 8:10 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. F. Global M.D.
22b. ADDRESS 1210 Ash Independence
22c. DATE SIGNED 6-20-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6/22/57
23c. NAME OF CEMETERY OR CREMATORY Sni-Mills Cemetery
23d. LOCATION (City, town, or county) (State) Jackson Co. Mo

24. FUNERAL DIRECTOR Dixon L. Kipley ADDRESS Indep. Mo
25. DATE RECD. BY LOCAL REG. 6-22-57
26. REGISTRAR'S SIGNATURE James S. Kraig

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Dixon L Kepley

Licensed Embalmer No. 4225

P. O. Address Indep 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.