

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046348

STATE FILE NUMBER

Registration District No. 86 Primary Registration District No. 4149 Registrar's No. 36-1962

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 10 1963

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| 1. PLACE OF DEATH a. COUNTY <u>Crawford</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cuba</u> | | Length of stay in 1b <u>Years</u> | c. CITY OR TOWN <u>Cuba</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At home</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>503 maiden lane</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>Samuel</u> Middle <u>Christopher</u> Last <u>Bayless</u> | 4. DATE OF DEATH Month <u>December</u> Day <u>30</u> Year <u>1962</u> |
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|--------------------|-------------------------------|---|---------------------------------------|----------------------------------|--|--|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>April 14 1895</u> | 9. AGE (last birthday) <u>67</u> | IF UNDER 1 YEAR Months <u>9</u> Days <u>16</u> Hours <u></u> Min. <u></u> | IF UNDER 24 HR Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Supt. of Schools</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | 11. BIRTHPLACE (City and state or country) <u>Oakhill, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>William E. Bayless</u> | 13b. MOTHER'S MAIDEN NAME <u>Evelyn D. Rook</u> | 14. NAME OF DECEASED'S WIFE <u>Martha Ellen Ferris</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>Yes W. W. I</u> | 16. SOCIAL SECURITY NO. <u>[Redacted]</u> | 17. INFORMANT <u>4 Mrs Sam Bayless</u> Address <u>503 maiden lane Cuba, Mo.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> |
| DUE TO (b) <u>Coronary Thrombosis</u> | | <u>6 hours</u> |
| DUE TO (c) | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <u>Diabetes Mellitus</u> | PART III. If deceased was female - was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> | Month, Day, Year <u></u> |
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|--|--|---|---------------------------|---------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION <u>Cuba</u> | COUNTY <u>Crawford</u> | STATE <u>Mo.</u> |
|--|--|---|---------------------------|---------------------|

21. I attended the deceased from 6-4-56 to 12-30-62 and last saw him alive on 7-31-62
Death occurred at 7 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>Arthur W. Cannon</u> | (Degree or title) | 22b. ADDRESS <u>Steelville, Mo.</u> | 22c. DATE SIGNED <u>12-31-62</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Jan. 2 1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Oakhill</u> | 23d. LOCATION (City, town, or county) (State) <u>Cuba Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>Hoener Funeral Home</u> | ADDRESS <u>Cuba, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>12-31-1962</u> | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> |
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 10280
 202802
 3
 4 0
 5 1
 6
 7 0
 8 2
 94201
 10
 11
 1290-0
 13 1-0
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 SHOULD READ
 ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

MAR 1 1963

JAN 10 1963

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 Norman A. Traener

Licensed Embalmer No. 4673

P. O. Address Cuba, 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.