

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17062

State File No. 4731

318

003

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba</u>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Barnes Hospital,</u>				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVERETT</u> b. (Middle) <u>WM.</u> c. (Last) <u>BAYLESS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 26 49</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>4-29-1898</u>		
9. AGE (In years last birthday) <u>51</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager Clothing Store</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Cuba, Mo</u>		
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Wm F. Bayless</u>		13b. MOTHER'S MAIDEN NAME <u>Evelyn Rook</u>		14. NAME OF HUSBAND OR WIFE <u>Gess Fannie Bayless</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>493-01-7057</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fannie Bayless</u> ADDRESS _____				
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.		I.—DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SHOCK</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rupture external Aneurysm</u> <u>INTERNAL CAROTID</u> DUE TO (c) <u>Post-operative</u>					INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>6 wks.</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION <u>4-25-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>ANEURYSM - INTERNAL CAROTID</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>96</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>452A</u>				
22. I hereby certify that I attended the deceased from <u>5/22, 1949</u> , to <u>5/26, 1949</u> , that I last saw the deceased alive on <u>5/26, 1949</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>F.R. Bradley</u>				23b. ADDRESS <u>Barnes Hospital,</u>		23c. DATE SIGNED _____		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>5-27-49</u>		24b. DATE <u>5-30-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill, Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Cuba, Mo</u>		
DATE REC'D BY LOCAL HEALTH DEPARTMENT <u>MAY 31 1949</u>		REGISTRAR'S SIGNATURE <u>J.P. Baoster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Howe</u> ADDRESS <u>4104 Manchester Ave. St. Louis, Mo</u>				

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

4284

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.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.