

FILED MAY 11 1954

STANDARD CERTIFICATE OF DEATH

State File No. 12384

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 196

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, write RURAL and give town) Joplin
c. LENGTH OF STAY (in this place) 3 HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION St John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Joplin
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 2315 Bird Ave., 0495

3. NAME OF DECEASED
a. (First) Annabelle b. (Middle) c. (Last) Bayless
4. DATE OF DEATH (Month) (Day) (Year) APRIL 30, 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH NOV 7, 1868 9. AGE (In years last birthday) 85 10. KIND OF BUSINESS OR INDUSTRY Homemaking 11. BIRTHPLACE (City and State or Foreign Country) Harrisonburg, Virginia 12. CITIZEN OF WHAT COUNTRY? U. S.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Homemaking 11. BIRTHPLACE (City and State or Foreign Country) Harrisonburg, Virginia 12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME UNK 13b. MOTHER'S MAIDEN NAME UNK 14. NAME OF HUSBAND OR WIFE Albert L. Bayless

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) No None 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert L. Bayless 2315 Bird., Joplin, Mo

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis
ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis (Sclerosis) 70 yrs
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 4 HOURS.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) 331X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to April 30, 1954, that I last saw the deceased alive on _____, 19____ and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) 23b. ADDRESS 421 Frisco Bldg, Joplin, Mo 23c. DATE SIGNED 5/3/54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 5-3-54 24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW 24d. LOCATION (City, town, or county) (State) JOPLIN MISSOURI

DATE REC'D BY LOCAL REG. 5-5-54 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 17 1954

RECEIVED MAY 10
Jasper County Health O
County File Number 54-5-
Date Filed MAY 10 1954

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..... *David Seilon*

Licensed Embalmer No. 388

P. O. Address *Joplin 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.