

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23473**

BIRTH NO. _____ REG. DIST. NO. **164** PRIMARY REG. DIST. NO. **4601** Registrar's No. **3032** **91**

0510 /

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

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural: Simpson		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural: Simpson	
c. LENGTH OF STAY (If this place) 90 Yrs		d. STREET ADDRESS (If rural, give location) RFD 2 Warrensburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD 2 Warrensburg		e. FULL NAME OF HOSPITAL OR INSTITUTION	

3. NAME OF DECEASED (Type or Print) Joseph Calaway Bayless			4. DATE OF DEATH July 15, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH Feb. 16, 1860		9. AGE (In years last birthday) 94		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Stock & Grain		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Bayless		13b. MOTHER'S MAIDEN NAME Mary Moore	
14. NAME OF HUSBAND OR WIFE Fannie Bayless (deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Roscoe Bayless		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Hypertensive Cardiovascular disease		19. INTERVAL BETWEEN ONSET AND DEATH 20 yrs.	

13a. FATHER'S NAME James Bayless		13b. MOTHER'S MAIDEN NAME Mary Moore		14. NAME OF HUSBAND OR WIFE Fannie Bayless (deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Roscoe Bayless	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Hypertensive Cardiovascular disease		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH 20 yrs.	
*This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		20 yrs.	
		DUE TO (c) Excessive Heat		3 days.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 **6-3**, 19**53** to **7-15**, 19**54**, that I last saw the deceased alive on **7-15**, 19**54**, and that death occurred at **11:00** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) David R Holmes MD		23b. ADDRESS Warrensburg, Missouri		23c. DATE SIGNED 7/15/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/18/54		24c. NAME OF CEMETERY OR CREMATORY Zion Hill	
24d. LOCATION (City, town, or county) (State) Johnson County, Missouri		24e. LOCATION (City, town, or county) (State)		24f. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG July 19, 1954		REGISTRAR'S SIGNATURE Savannah Cutchfield		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney Phillips, Warrensburg, Mo.	
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RECEIVED
JUL 22 1954
JOHNSON COUNTY HEALTH DEPT.

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
Student Embalmer

Signed A. G. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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 this body is not embalmed, fact should be so stated above.