

FILED JUL 15 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 705

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.			Length of stay in lb 34 Yrs.		d. STREET ADDRESS 1041 E. Monroe		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) BERTHA E. BAYLESS				First Middle Last		4. DATE OF DEATH July 10 1957		Month Day Year		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 20 1894		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Streeter, Ill.		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME James Riddle				14. MOTHER'S MAIDEN NAME Mary Ann Campbell						
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. No		17. INFORMANT Frank Bayless Springfield, Mo.						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ADENOCARCINOMA OF BREAST WITH LUNG, PLEURAL, PERICARDIAL, LIVER AND OUTRAGEOUS METASTASES. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 170X DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 1 ANEMOSCLEROTIC HEART DISEASE 2 OBESITY DUE TO EXCESS FOOD.								INTERVAL BETWEEN ONSET AND DEATH 5 Yrs. +		
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.)							
20c. TIME OF INJURY Hour . Month, Day, Year a. m. p. m.										
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		COUNTY		STATE		
21. I attended the deceased from 1-30-53 to 7-10-57 and last saw her/him alive on 7-10-57 Death occurred at 4:30 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) Dr. Turner				22b. ADDRESS M.D. 609 Cherry-Springfield, Mo.			22c. DATE SIGNED 7-11-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/13/57	23c. NAME OF CEMETERY OR CREMATORY Maple Park			23d. LOCATION (City, town, or county) (State) Springfield, Mo.				
24. FUNERAL DIRECTOR H.H. Lohmeyer Springfield, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 7-12-57		26. REGISTRAR'S SIGNATURE Walter Williamson		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300
1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Secular, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

APR 3 1958

JAN 8 1958
AUG 8 1957

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 *B. L. McCarroll*.....

Licensed Embalmer No. 27

P. O. Address *Manhasset*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.