

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 20 1942

Registration District No. 775

Primary Registration District No. 6020A

Registrar's No. 9

1. PLACE OF BIRTH:

(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

CECIL SYLVIN BAYLES

3. (b) If veteran, V name war _____ 3. (c) Social Security No. 488-20-5206

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thelma Bayles 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased February 17 1903
(Month) (Day) (Year)

8. AGE: Years 39 Months 0 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Valley Holomite Co

12. Name A. A. Bayles

13. Birthplace Polaski Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ellie M. Ragadale

15. Birthplace Lery Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thelma Bayles

(b) Address Bonne Terre Mo R.R. 1

17. (a) Burial (b) Date thereof March 4, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bayles Cemetery Bonne Terre

18. (a) Signature of funeral director Scaphan & Co
(b) Address 313 Banker Bonne Terre Mo

19. (a) 3-4-42 (b) Byrdia S. Fuhrmester
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day and
year 1942 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from Byrdia Fuhrmester
Duties 19 March 2 19 42
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Shock and hemorrhage
Due to amputation of R. leg
jury verdict: declared cause
of his death by injuries
received in an unavoidable
accident

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 5
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 1942

(b) Date of occurrence Feb. 3, 1942

(c) Where did injury occur: Bonne Terre R-1 St. Francois Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial Place 3

While at work yes (Specify type of place) March 4
(e) Means of injury Car

23. Signature Clarence Baywell (M.D. or other) Carson

Address Bonne Terre Mo Date signed 3/2/42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

1196

SEP 10 1942

RECEIVED

District Health Officer No. 4
District File Number 442-421
Date Filed 4-9-42

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, ^{and} or by

Leonard John Vargo, Registered Apprentice No. 311
working under my personal supervision.

Signed

C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bound Brook 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.