

PUNCHED
VERIFIED

CERTIFICATE OF DEATH

REGISTRAR'S NO.

1834

BIRTH NO.

1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 3 weeks IN ARIZONA 41 yrs.		2. USUAL RESIDENCE A. STATE Arizona		REGISTRAR'S NO. 1834 (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) B. COUNTY Yuma	
C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Yuma		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 1905 - 11th Ave.		E. IS RESIDENCE ON A FARM YES <input type="checkbox"/> NO <input type="checkbox"/>	

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) BENOYD B. (MIDDLE) S. C. (LAST) BAYLESS			4. SEX M	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
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6B. NAME OF SPOUSE Ollie E. Bayless		7. DATE OF BIRTH MONTH 3 DAY 18 YEAR 96	8. AGE (IN YEARS LAST BIRTHDAY) 65	9. IF UNDER 1 YEAR MONTHS DAYS	10. IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Rancher
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9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) Yes WW I	13. SOCIAL SECURITY NO.
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14A. FATHER'S NAME William H. Bayless	14B. BIRTHPLACE (STATE OR COUNTRY) TEXAS Arkansas	15A. MOTHER'S MAIDEN NAME Mary Jane Roberts	15B. BIRTHPLACE (STATE OR COUNTRY) Texas
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16. INFORMANT'S SIGNATURE VA Hospital Records, Phoenix, Arizona		ADDRESS	17. DATE OF DEATH (MONTH) MAY (DAY) 23, (YEAR) 1961
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18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (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) Melanocarcinoma with extensive metastases. ANTECEDENT CAUSES DUE TO (B) -- -- DUE TO (C) -- -- II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. -- --		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5-1-61 TO 5-23-61, AND THAT DEATH OCCURRED AT 4:15 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
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22A. SIGNATURE (DEGREE OR TITLE) H. LIEBER, M.D., Chief, Surgical Service	22B. ADDRESS VA Hospital, Phoenix, Ariz.	22C. DATE SIGNED 5-23-61
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23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
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23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	23F. HOW DID INJURY OCCUR?
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24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	25B. DATE 5-24-61	25C. NAME OF CEMETERY OR CREMATORY Unk.	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma, Arizona
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26A. DATE REC. BY LOCAL REG. 5/24/61	26B. REGISTRAR'S SIGNATURE	27A. FUNERAL DIRECTOR'S SIGNATURE A. J. Moore & Sons	27B. ADDRESS Phoenix, Arizona
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28A. EMBALMER'S SIGNATURE	28B. EMBALMER'S CERT. NO. 300
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PLACE OF DEATH AND USUAL RESIDENCE
0047

PRECEDENT PERSONAL DATA
165

1969 CAUSE OF DEATH ITEM 18

OPERATIONS, AUTOPSY

MEDICAL CERTIFICATION

DEATH DUE TO EXTERNAL VIOLENCE

CORONER'S CERTIFICATION

FUNERAL DIRECTOR AND REGISTRAR