

Health, Welfare, Public Service
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-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. NO symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 17 1958

58-006527
STATE FILE NUMBER

Registration District No. 2934 Primary Registration District No. 4834 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Latham, Mo Piolat Grove</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home- Latham, Mo Life</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> c. CITY OR TOWN <u>Latham, Mo</u> d. STREET ADDRESS <u>Gen Del</u>		
3. NAME OF DECEASED (Type or print) First <u>Elmer</u> Middle <u>Harry</u> Last <u>Bayne</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>12</u> Year <u>1958</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <u>June 25 1894</u>		9. AGE (In years last birthday) <u>63</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Frank Bayne</u>			
14. MOTHER'S MAIDEN NAME <u>Jennie Fulks</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			
16. SOCIAL SECURITY NO. <u>494-38-0982</u>		17. INFORMANT <u>Wesley E. Bayne</u> Address <u>California Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Myocardial Insufficiency</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4201</u>					
19. INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u> <u>8 years</u>					
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 <u></u> a. m. <u></u> p. m. <u></u> Month, Day, Year <u></u>		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.) <u>Latham, Moniteau Mo</u>		20f. CITY, TOWN, OR LOCATION <u>Latham, Moniteau Mo</u>			
21. I attended the deceased from <u>4-17-50</u> to <u>2-10-58</u> and last saw <u>him</u> alive on <u>2-10-58</u> Death occurred at <u>12/30</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>R.B. Fulk</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>California, Mo</u>		22c. DATE SIGNED <u>2-14-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/15/58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Rural- Latham, Mo</u>		23e. (State) <u>Mo</u>			
24. FUNERAL DIRECTOR <u>Earl Boulton</u> ADDRESS <u>California, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>2-15-1958</u>		26. REGISTRAR'S SIGNATURE <u>Helen L. Popejoy</u>	

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..... *Jack H. Bowlin*

Licensed Embalmer No.... *49*

P. O. Address *California*

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.