

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED MAR 2 1950

5486

State File No.

Registrar's No.

BIRTH NO.		REG. DIST. NO. <u>223</u>		PRIMARY REG. DIST. NO. <u>5790</u>	
1. PLACE OF DEATH a. COUNTY Moniteau			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Pilot Grove		c. LENGTH OF STAY (in this place) Lifetime		c. CITY (If outside corporate limits, write RURAL and give township) Rural Pilot Grove Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 S. W. Latham, Mo.			d. STREET ADDRESS (If rural, give location) 6 M. S. W. Latham, Mo.		
3. NAME OF DECEASED (Type or Print)		a. (First) Joseph		b. (Middle) Evans	
		c. (Last) Bayne		4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED? WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 11, 1884		9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Moniteau Co., Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A					
13a. FATHER'S NAME Joseph Bayne		13b. MOTHER'S MAIDEN NAME Elizabeth Evans		14. NAME OF HUSBAND OR WIFE Nettie May Bayne	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 532-22-7153		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nettie May Bayne S. Route Latham, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 4500
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) Rural Pilot Grove Moniteau Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Feb 16, 1950 , to Feb 23, 1950 , that I last saw the deceased alive on Feb 19, 1950 , and that death occurred at 4:50 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE D. H. Bacon (Deputy or title)		23b. ADDRESS California, Mo.		23c. DATE SIGNED 2/23/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 25-50		24c. NAME OF CEMETERY OR CREMATOR Highland	
24d. LOCATION (City, town, or county) (State) Latham, Missouri		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. F. Underhill Versailles, Mo.			
DATE REC'D BY LOCAL REG. 2/23/50		REGISTRAR'S SIGNATURE Richard L. Garnett		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. F. Underhill Versailles, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 27 1950
District Health Officer No. 9
District File Number

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

Raymond C. Loder

Licensed Embalmer No. *4626*

P. O. Address *Versailles, 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.