

REC'D JUN 24 1938

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

18877  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Miller  
 (b) Township Saline  
 (c) City Olean  
 (e) Length of residence in city or town where death occurred

Registration District No. 561  
 Primary Registration District No. 5-75.5B Registered No. 45-  
 (d) Street No. 252  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elsie Effie Baysinger

(a) Residence, No. Olean, Mo. St. ☐  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF HUSBAND OF Daniel Baysinger  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 27th, 1886  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
52 2 21  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18th, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from July 2, 1938 to 6/18, 1938  
 I last saw her alive on May 15, 1938 Death is said to have occurred on the date stated above, at 1:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

General Tuberculosis Date of onset 7/2/38

Other contributory causes of importance:

Influenza 1/2/37  
 Name of operation Autopsy Date of 7/2/38  
 What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury 19  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify  
 (Signed) A. D. Walters, M. D.

(Address) Eldon Mo.

12. BIRTHPLACE (CITY OR TOWN) Olean  
 (STATE OR COUNTRY) Missouri

13. NAME Jessie Hader  
 14. BIRTHPLACE (CITY OR TOWN) Indiana  
 (STATE OR COUNTRY)

15. MAIDEN NAME Martha Gross  
 16. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

17. INFORMANT Miss Lucy Baysinger  
 (ADDRESS) Olean, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Spring Garden Cem. DATE June 20th, 1938

19. FUNERAL DIRECTOR (NAME) G. N. Stoffens  
 (ADDRESS) Russellville, Mo.

20. FILED 6-20, 1938 Belle Haysinger  
 Local Registrar.

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**STATEMENT BY LICENSED EMBALMER**

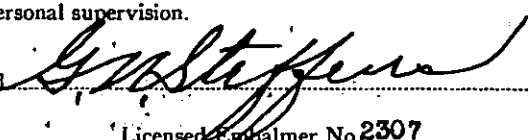
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, June 18th, 1936

G. N. Steffens Russellville, Mo.

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed



Licensed Embalmer No. 2307

P. O. Address Russellville, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18877

Do not use this space.

1. PLACE OF DEATH

(a) County Miller Registration District No. 5-61  
(b) Township Saline Primary Registration District No. 57-55-B Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Elsie Effie Baysinger  
(a) Residence, No. \_\_\_\_\_ St. ☐ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
52 2 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 6-20-38 Belle Haynes Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18 1938

22. I HEREBY CERTIFY, That I attended deceased from 19\_\_\_\_ to 19\_\_\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

General Inflammation Date of onset \_\_\_\_\_

Pulmonary

Other contributory causes of importance:

23

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_ (Signed) G. D. Walker M. D.

(Address) Edson

