

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26009

State File No.

BIRTH NO.		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>139</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u> c. LENGTH OF STAY (in this place) <u>0 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u> d. STREET ADDRESS (If rural, give location) <u>322 S. Johnson</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Baynham</u> DATE OF DEATH (Month) (Day) (Year) <u>Aug-10-49</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 4 - 1882</u>	
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		11. BIRTHPLACE (State or foreign country) <u>Calaway Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Not Known</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Roter</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Baynham (dead)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frances Henderson</u>		ADDRESS <u>322 Johnson</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Cardiovascular renal disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>442X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 10 1949</u>		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 <u>5-29</u> , 19 <u>49</u> , to <u>8-10</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>August 19 49</u> , and that death occurred at <u>1:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. Kallenbach M.D.</u> (Degree or title)				23b. ADDRESS <u>Mexico Mo</u>		23c. DATE SIGNED <u>Aug 12, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 14-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mexico audrain Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 13-49</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jackson-Parker Funeral Home</u>		ADDRESS <u>409 S. Walnut</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED AUG 15 1948
District Health Officer No. 10
District File Number 8-79-1296
Date Filed AUG 16 1948

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed Stuart D. Parker
Student Embalmer No. _____

Licensed Embalmer No. 2900

P. O. Address Columbia, 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.