

FILED NOV 9 1950

STANDARD CERTIFICATE OF DEATH

State File No. 32515

0030

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 5079 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Lincoln		c. CITY (If outside corporate limits, write RURAL and give township) Rural Lincoln	
c. LENGTH OF STAY (in this state) 3 weeks		d. STREET ADDRESS (If rural, give location) Rural 5 Mi S W Blanchard	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 Mi S W Blanchard, Iowa			
3. NAME OF DECEASED (Type or Print) a. (First) Stevens	b. (Middle) Trumbull	c. (Last) Bayles	4. DATE OF DEATH (Month) (Day) (Year) Oct-26 1950
5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July-27-1879
9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) 71	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY U S		13a. FATHER'S NAME Wm Bayles	
13b. MOTHER'S MAIDEN NAME Martha Pinckerton		14. NAME OF HUSBAND OR WIFE Never married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NO	
17. INFORMANT'S SIGNATURE OR NAME Dale Roach		ADDRESS Blanchard, Iowa	
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) CORONARY OCCLUSION 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on Oct 26, 1950 , and that death occurred at 4 P m., from the causes and on the date stated above.			
23a. SIGNATURE Thos F Fay		(Degree or title)	
23b. ADDRESS Westboro Mo		23c. DATE SIGNED Oct 27-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Oct-28-50	
24c. NAME OF CEMETERY OR CREMATORY Presbyterian		24d. LOCATION (City, town, or county) (State) Near Clarinda, Iowa	
DATE REC'D BY LOCAL REG. Oct. 31, 1950		REGISTRAR'S SIGNATURE Marvin H. Schaefer	
25. FUNERAL DIRECTOR'S SIGNATURE Dwight T. K...		ADDRESS Westboro, Mo	

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



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.....

Ashley H Tucker

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Ashley H Tucker*

Licensed Embalmer No. **4757**

P. O. Address **Westboro, Missouri**

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.