

FILED MAR 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 5603

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. LENGTH OF STAY (In this place) <u>51 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		6812
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>705 Park</u>			d. STREET ADDRESS (If rural, give location) <u>705 Park</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jennie</u> b. (Middle) <u>Cunningham</u> c. (Last) <u>Williams Baysinger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 20, 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 5, 1871</u>	9. AGE (In years last birthday) <u>79</u>	10. MONTHS <u>2</u>
				11. YEAR <u>15</u>	12. HOURS <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (State or foreign country) <u>Flora, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>James Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Hawkins</u>		14. NAME OF HUSBAND OR WIFE <u>S. L. Baysinger</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Alma Clayton, 705 Park, Rolla, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum</u>  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. <u>metastasis liver, Semitic</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>  <u>154X</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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)		
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 <u>10 years</u> to _____, 19____, that I last saw the deceased alive on <u>Feb. 19, 1951</u> , and that death occurred at <u>5:40 Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>E. E. Feind md</u> (Degree or title)		23b. ADDRESS <u>Rolla mo.</u>		23c. DATE SIGNED <u>2-20-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 22, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rolla</u>	24d. LOCATION (City, town, or county) (State) <u>Rolla, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>2-21-51</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoeck</u> <u>380</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>1100 Elm Street Rolla, Missouri</u>

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

0812

6812

RECEIVED  
Frelpa County Health Officer,  
County File Number \_\_\_\_\_  
Date Filed 2/27/51

JUL 25 1958

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 \_\_\_\_\_

..... Jerry D. Doane .....

working under my personal supervision.

Student Embalmer No. .... 382 .....

Signed Jerry D. Doane  
Student Embalmer

Signed J. H. Lacey  
Licensed Embalmer No. .... 3643 .....

P. O. Address P. O. Box 465, Polina, 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.