

30757

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED SEP 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 967

1. PLACE OF DEATH a. COUNTY <u>Buchanan Co. Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CANTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph</u>	c. LENGTH OF STAY (In this place) <u>8 Wks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OSBORN</u> <u>0250</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>M.E. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Rosanna</u>	c. (Last) <u>Bayse</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10 - 52</u>
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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>Sept. 9, 1874</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Lincoln Co., Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William M. Akers</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Huckstep</u>	14. NAME OF HUSBAND OR WIFE <u>Rev. F.O. Bayse</u>
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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 <u>Mrs Ralph Moore</u>	ADDRESS <u>Osborn, Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senil Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>16 mos</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma breast</u>		
	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 <u>170x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 17, 1952 to Sept 10, 1952, that I last saw the deceased alive on Sept 10, 1952, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William M. Cameron, MD</u>	23b. ADDRESS <u>902 Edmund St. St Joseph, Mo</u>	23c. DATE SIGNED <u>Sept 12, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-12-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OSBORN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>OSBORN Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 13, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Cawley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DeMoss CRUNK, CAMERON, Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
V. 10.48

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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, or by.....

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Lee M. Crunk* .....

Licensed Embalmer No. *2533* .....

P. O. Address *Camden, 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.