

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36552

State File No.

FILED NOV 13 1953

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 52

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| 1. PLACE OF DEATH a. COUNTY <u>MILLER</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELDON</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - 3 mi - N - ELDON</u> | |
| c. LENGTH OF STAY (In this place) <u>10 days</u> | | d. STREET ADDRESS (If rural, give location) <u>3 mi - N - ELDON - (FRANKLIN - D^W)</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3rd W Highway - 54</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>ROSA</u> | b. (Middle) <u>JANE</u> | c. (Last) <u>BAYSINGER</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct - 26 53</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>Widowed</u> | 8. DATE OF BIRTH <u>14 Nov - 1870</u> | 9. AGE (In years last birthday) <u>82</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>At - Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Herre - Haute - Indiana</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Mathew Slaughter</u> | 13b. MOTHER'S MAIDEN NAME <u>Celena - Fry</u> | 14. NAME OF HUSBAND OR WIFE <u>John - Baysinger</u> |
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| 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>Cecile - Baysinger</u> | ADDRESS <u>Eldon 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of left breast c metastasis to left lung</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. | | | |

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| 19a. DATE OF OPERATION <u>None</u> | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u> |
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|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>None</u> |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------|

22. I hereby certify that I attended the deceased from July, 1950, to Oct 28, 1953, that I last saw the deceased alive on Oct 26, 1953, and that death occurred at 4:00 A m., from the causes and on the date stated above.

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|-------------------------------------------------------------------------|------------------------------|-----------------------------------|
| 23a. SIGNATURE <u>Robert E. Munnell</u> (Degree or title) <u>D.O.P.</u> | 23b. ADDRESS <u>Eldon Mo</u> | 23c. DATE SIGNED <u>26 Oct 53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>27 Oct 53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Springer - Garden - Miller</u> | 24d. LOCATION (City, town, or county) (State) <u>Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>Oct 27, 53</u> | REGISTRAR'S SIGNATURE <u>Adverna Walt</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith McFays</u> | ADDRESS <u>Eldon Mo</u> |
|--------------------------------------------|-------------------------------------------|------------------------------------------------------|-------------------------|

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

2.9 1911

901
MILLER
DSE

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 *Keith M. Kaye*
Licensed Embalmer No. *3998*

P. O. Address *Edon 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.