

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **36430**

No. 300
10.48

FILED DEC 8 1955

BIRTH NO. _____ REG. DIST. NO. **104** PRIMARY REG. DIST. NO. **4176** Registrar's No. **30**

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

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY OR TOWN MALDEN		c. CITY OR TOWN Malden	
c. LENGTH OF STAY (In this place) 20 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 312 East Francis		e. STREET ADDRESS (If rural, give location) 312 East Francis	
3. NAME OF DECEASED (Type or Print) a. (First) MILDRED b. (Middle) ELIOUSE c. (Last) BAYS			4. DATE OF DEATH (Month) (Day) (Year) 12-2-55
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH 4-20-1908
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Illmo, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME CHRIS KARLISH		13b. MOTHER'S MAIDEN NAME LAURA BERRONG	
14. NAME OF HUSBAND OR WIFE OLIVER BAYS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME OLIVER BAYS		ADDRESS MALDEN, MO.	
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) Cancer - adenocarcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 1991 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NOTE - operated on Barry Hoops	
INTERVAL BETWEEN ONSET AND DEATH 8 mo.			
19a. DATE OF OPERATION Jan 28		19b. MAJOR FINDINGS OF OPERATION Abnormal several bronchial tumors	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Dec 8, 1955 , to Dec 2, 1955 , that I last saw the deceased alive on Dec 1, 1955 , and that death occurred at 4:05 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) D. S. Carleton D.O.		23b. ADDRESS Malden	
23c. DATE SIGNED Dec 9 55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-4-55	
24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) MALDEN?, MO.	
DATE REC'D BY LOCAL REG. 12-3-55		REGISTRAR'S SIGNATURE J. J. Schumann 879	
25. FUNERAL DIRECTOR'S SIGNATURE DAY FUNERAL HOME, MALDEN, MO.		ADDRESS	

RECEIVED DUNKLIN COUNTY

DEPARTMENT 12-5

COUNTY FILE NUMBER 1

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
Signature of Student Embalmer

Signed *J. J. Schuman*
Licensed Embalmer No. 40
P. O. Address *mailed*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.