

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 23 1956

State File No. **196**

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY OR TOWN Columbia	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) life		e. STREET ADDRESS (If rural, give location) 1010 Rogers Street	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1010 Rogers Street			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Jessie c. (Last) McBaine		4. DATE OF DEATH (Month) (Day) (Year) 1 12-56	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 3, 1886
9. AGE (In years last birthday) 69		10. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and State or Foreign Country) Boone County Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jessie McBaine		13b. MOTHER'S MAIDEN NAME Alice Wilhite	
		14. NAME OF HUSBAND OR WIFE Carrie McBaine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 500-07-0370	
		17. INFORMANT'S SIGNATURE OR NAME Carrie McBaine ADDRESS Columbia, 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, atheroma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy ANTECEDENT CAUSES Hypertensive Cardiovascular Dis. Morbidity 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. 443X	
		INTERVAL BETWEEN ONSET AND DEATH 14 yrs	
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)			
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 4/18, 1952 , to 1-12, 1956 , that I last saw the deceased alive on 1-8, 1956 , and that death occurred at 9:00 pm. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) James M. Atkins M.D.		23b. ADDRESS 5109 Cherry, Columbia, Mo.	
23c. DATE SIGNED 1.12.56			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1-15-56	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Columbia, Mo.	
DATE REC'D BY LOCAL REG. Jan. 14, 1956		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer	
		25. FUNERAL DIRECTOR'S SIGNATURE Memorial Funeral Home Co. ADDRESS Mo.	

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

MAR 20 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 Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lynnan H. Spence*
.....

Licensed Embalmer No. *4013*

P. O. Address *Columbia*

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.