No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 29 1956

State File No. 15719

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 150

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fulton 0
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Callaway Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Callaway 0143
c. CITY OR TOWN Fulton
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 0
e. STREET ADDRESS (If rural, give location) 1504 Monroe St.

3. NAME OF DECEASED (Type or Print)
a. (First) Richard
b. (Middle) Henry
c. (Last) Baynham

4. DATE OF DEATH (Month) (Day) (Year) May 20, 1956

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Jan. 6, 1878
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (City and State or Foreign Country) Callaway County Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James H. Baynham
13b. MOTHER'S MAIDEN NAME Mary F. Barnes
14. NAME OF HUSBAND OR WIFE Frances Fender Baynham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME Harry Baynham — ADDRESS Fulton Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis c̄ failure — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Terminal pneumonia — 28 hours
and Arteriosclerotic C.V.R. — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Nodular Goitre left lobe isthmus probably with hyperthyroidism — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 442X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 18 May, 1956, *to* 20 May, 1956, *that I last saw the deceased alive on* 20 May, 1956 *and that death occurred at* 655P *m., from the causes and on the date stated above.*

23a. SIGNATURE E. R. Yoh (US) (Degree or title)
23b. ADDRESS Fulton Mo
23c. DATE SIGNED 21 May 56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 22/56
24c. NAME OF CEMETERY OR CREMATORY Richland Baptist
24d. LOCATION (City, town, or county) (State) Callaway County Mo.

DATE REC'D BY LOCAL REG. May 26-1956
REGISTRAR'S SIGNATURE Maretta Lawrence
25. FUNERAL DIRECTOR'S SIGNATURE Maupin Funeral Home — ADDRESS Fulton Mo

(Licensed Embalmer's Statement on Reverse Side)

26
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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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 322

P. O. Address Fuller

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.