

FILED NOV 23 1956

STANDARD CERTIFICATE OF DEATH

State File No.

38799

BIRTH NO. _____		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>3044</u>		Registrar's No. <u>47</u>	
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. LENGTH OF STAY (In this place) <u>4 yrs</u>		c. CITY OR TOWN <u>ELDON</u>		d. Is Residence within limits of city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Newton & Chestnut</u>				e. STREET ADDRESS (If rural, give location) <u>Newton & Chestnut</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eudora</u>		b. (Middle) <u>Cecile</u>		c. (Last) <u>Baysinger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 17 1956</u>	
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>26 Dec 1901</u>	
9. AGE (In years last birthday) <u>54</u>		10. IF UNDER 1 Year Days <u>17</u> Hours <u>17</u> Min. <u>54</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ALLENE - ARK</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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>		13a. FATHER'S NAME <u>Jefferson Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Eudora Carpenter</u>	
14. NAME OF HUSBAND OR WIFE <u>OSCAR Baysinger</u>		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>OSCAR Baysinger</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INANITION AND DEBILITATION</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARCINOMATOSIS</u> DUE TO (c) <u>PRIMARY CARCINOMA OF DESCENDING COLON</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>3/15/56</u>		19b. MAJOR FINDINGS OF OPERATION <u>ADENOCARCINOMA OF DESCENDING COLON, GRADE III</u>				20. AUTOPSY? YES ☐ NO ☒	
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>		21d. HOW DID INJURY OCCUR? <u>None</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>None</u>		21g. HOW DID INJURY OCCUR? <u>None</u>	
22. I hereby certify that I attended the deceased from <u>11/26</u> , 19 <u>55</u> , to <u>11/17</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>11/16</u> , 19 <u>56</u> , and that death occurred at <u>4:10 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert C. Gendley DO</u>				23b. ADDRESS <u>ELDON, MISSOURI</u>		23c. DATE SIGNED <u>11/17/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>15 Nov. 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREEN-RIDGE</u>		24d. LOCATION (City, town, or county) (State) <u>MILLER-Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 17, 1956</u>		REGISTRAR'S SIGNATURE <u>Alvretta Walt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Mays</u>		ADDRESS <u>ELDON Mo</u>	

(Licensed Embalmer's Signature on Reverse Side)

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

RECEIVED

NOV 20 1956

Platte County
Health Department

MAY 27 1957

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.....

Licensed Embalmer No. 3998

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