

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42430

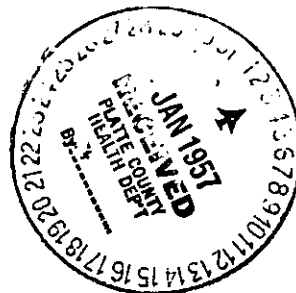
State File No. _____

Registrar's No. 103

BIRTH NO. _____		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 5464	
1. PLACE OF DEATH a. COUNTY PIATTE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY PIATTE	
b. CITY (If outside corporate limits, write RURAL and give township) Riverside		c. LENGTH OF STAY (In this place) 39 YRS.		c. CITY OR TOWN Riverside d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION Parkwood Addn RT4 Parkville				e. STREET ADDRESS (If rural, give location) Parkwood Addn RT4 Parkville	
3. NAME OF DECEASED (Type or Print) MARY		a. (First) U		c. (Last) BAYNE	
5. SEX FEMALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH OCT 18, 1890		9. AGE (In years last birthday) 66		10. 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) MACHINE OPR. MARY DEAN GARMENT CO		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) IOWA	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME PETER A UNRUH		13b. MOTHER'S MAIDEN NAME MARY BULLARD	
14. NAME OF HUSBAND OR WIFE HERBERT E BAYNE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-26-7414	
17. INFORMANT'S SIGNATURE OR NAME HERBERT E BAYNE		17. ADDRESS RT 4 PARKVILLE		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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. INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 331X	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at APPROX. 11:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Coland M. Giffey, Coroner		23b. ADDRESS Platte City, Mo.		23c. DATE SIGNED 12-24-1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-27-56		24c. NAME OF CEMETERY OR CREMATORY East Slope Cem	
24d. LOCATION (City, town, or county) (State) Platte County Mo		25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer		25. ADDRESS Sons N. K. C. Mo	

(Licensed Embalmer's Statement on Reverse Side)

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



JAN 28 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..... *Glenn H. Hill*

Licensed Embalmer No. *4586*

P. O. Address *K.C. 16, 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.